

ARIZONA SUPREME COURT ADMINISTRATIVE OFFICE OF THE COURTS



PINAL COUNTY ADULT PROBATION

Operational
Review

Final Report

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**Pinal County Adult Probation Department
Operational Review Final Report**

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EXECUTIVE SUMMARY

Overview

Arizona's adult probation system is decentralized, with each of the 15 local probation departments reporting directly to the presiding judge of the superior court or court administrator in their respective county. In accordance with the administrative and supervisory authority established under Article VI, Section 3 of the Arizona Constitution and in cooperation with the local probation departments, the AOC has developed and implemented a comprehensive operational review process.

Objective

The APSD's operational review team conducts reviews in accordance with the Arizona Judicial Department's *Advancing Justice Together: Courts and Communities* strategic agenda. Operational reviews assess and document adult probation departments operational and program performance to assist in building effective community supervision practices. The objective of the review team is to ensure accountability and compliance with Arizona Revised Statutes (A.R.S.), the Arizona Code of Judicial Administration (ACJA), Administrative Orders (AO), Administrative Directives (AD), Arizona Rules of Court, approved program plans, funding agreements, and local policies and procedures. The review is designed to identify areas of non-compliance and make recommendations for corrective action, while promoting an atmosphere of collaboration and facilitation of technical assistance. To this end, the review team inspects the department's policy manual and response to the SAQ, MAS Questionnaire, Officer Safety Questionnaire, reviews case files, program files, and all correspondence and reports submitted to the APSD. The review team also conducts MAS and Firearms verifications onsite with appropriate staff working with Minimum Accounting Standards (MAS) and Firearms/Ammunition and Defensive Tactics.

The on-site portion of the Pinal County Adult Probation Department operational review was conducted June 11-13, 2018. Pre-review work began in January 2018. The review team consisted of Carol Banegas-Stankus, Ivan Ramirez, Jane Price, Susan Alameda, and Dori Littler. After the final report is published, the review team and AOC staff will work collaboratively with the department to develop a corrective action plan to assist the department in resolving all issues identified in this report.

Overall Conclusion

Number of Standards Exceeded:	0
Number of Standards Met:	11
Number of Standards Not Met:	25
Number of Standards Not Applicable:	2

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ACCOMPLISHMENTS

Pinal County 2017

- “Formal implementation of Veterans Court
- Began pilot Mental Health Court
- Established department Re-entry team focusing on improving outcomes in cases released from DOC
- Created indirect warrants/ warrants caseload to improve timely apprehension of fugitives
- Updated severely dilapidated vehicle fleet with several new vehicles
- EPICS II program expanded including the training of all supervision officers
- Trained numerous new EPICS II coaches and developed plan to add additional coaches over the next year
- Put in place updated performance measures
- On-boarded 17 new staff members
- Updated safety program to include in house SIMS training and scenario-based DT training
- Added 3 new DT Instructors
- Navigated through a 15% increase in standard supervision workload
- Senior Probation Officer Tiffany Whittier appears in numerous national broadcast shows and publications celebrating the positive impact she had on a white supremacist probationer
- Assessed employee satisfaction and created work groups to address identified issues
- Participated in several joint warrant round-up events with local, state and federal law enforcement agencies
- Expanded in-house cognitive intervention program by adding additional officer facilitators
- Hosted National Drug Court Institute trainers who assessed, provided feedback, and trained the Veterans Court Team”

Adult Probation Media

“Original ABC story done for Nightline

<http://abcnews.go.com/US/man-removes-nazi-swastika-tattoos-friendship/story?id=49496501>

Washington Post Story

https://www.washingtonpost.com/news/inspired-life/wp/2017/10/07/the-ironic-friendship-that-convinced-a-former-neo-nazi-to-erase-his-swastika-tattoos/?hpid=hp_no-name_hp-in-the-news%3Apage%2Fin-the-news&utm_term=.9100ccae7204

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Phoenix Channel 3 story

<http://www.azfamily.com/clip/13797587/black-probation-officer-inspires-former-neo-nazi-to-cover-up-swastika-tattoos>

Local Article on growth in Probation

http://www.pinalcentral.com/casa_grande_dispatch/area_news/pinal-county-probation-trying-to-keep-up-with-growing-demand/article_b4ea70a7-e21b-5379-b9a6-a0126675ec1c.html

Local Article on Tiffany and Michael

http://www.pinalcentral.com/casa_grande_dispatch/area_news/pinal-probation-officer-helps-reclaim-lives-even-those-filled-with/article_a4faa73a-01c9-505b-b2b4-aee334e9855c.html

Australian TV interview

<https://au.tv.yahoo.com/plus7/sunrise/-/watch/37653829/a-life-changing-friendship/>

BBC Article

<http://www.bbc.com/news/world-us-canada-41816588>

Pinal Drug Court Article

http://www.pinalcentral.com/casa_grande_dispatch/area_news/pinal-drug-court-grads-told-to-never-forget-where-they/article_1ae73b97-b871-5574-ad62-45f158ab7fdc.html?utm_medium=social&utm_source=email&utm_campaign=user-share

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ADMINISTRATION AND MANAGEMENT

Each probation department fulfills a variety of general administrative and management functions which directly effects the department's performance and effectiveness in its supervision of probationers. Many of these functions are accomplished in accordance with Statutes, the ACJA, AOs, ADs, funding agreements, and local policies and procedures. The review team assessed the department's compliance with administrative and management functions in the following areas: departmental policies and procedures, officer certification, education and training requirements for department staff, general reporting obligations, MAS, supervisory case file review, and pre-sentence investigation (PSI) reporting.

Policies and Procedures

Pursuant to [ACJA § 6-105\(D\)\(2\)\(b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below.
- ☒ Compliance Rating Not Applicable.

The AOC reviewed policies from the department's policy and procedure manual. Results of the review are as follow:

POLICY AND TITLE	RECOMMENDED REVISIONS
S 1.02 Offender Assessments/Case Plans	Authority Section Include ACJA 6-202.01 Recommendation to revise the "180 days" reference throughout this policy to the Code revised "12 month" requirement.
S 1.03 Risk Level Requirements	Section I. B. Code minimum requirement is "...within 60 days of sentencing..." Section II. C. The language, "...employment search verification once per week..." is not Code language but is higher standard. Section III. A. The language, "...one visual occurring in the community once every two months." Is not Code language but is a higher standard. Section III. C.

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POLICY AND TITLE	RECOMMENDED REVISIONS
	The language, "...employment search verification once per week..." is not Code language but is higher standard.
S 2.11 Warrants/Absconders	<p>Authority Section Recommend adding ACJA 6-105.01 and ARS 13-805(C).</p> <p>Procedure No. 1 Recommend deleting requirement as it is no longer required per Code.</p>
S 4.01 Sex Offender Supervision	<p>Section I. Placement on Sex Offender Caseloads A. 1. (i) contradicts Section II Development and Maintenance of a Case Plan C.</p> <p>Section II. Development and Maintenance of a Case Plan C. Revise "Reassessment should take place every 180 days..." to "Reassessments shall be administered twelve months after the initial assessment or..."</p> <p>Section III. Supervising Sex Offenders in the Community A. 2. (c) Revise "...within 14 days..." as this does not meet minimum standard Code requirement for SPS, IPS, or SO change of address.</p> <p>Section III. Supervising Sex Offenders in the Community A. 2. (g) Recommend revising, "In some situations, the supervising probation officer..." to "In some situations, the court may order to allow contact with minors."</p> <p>Section III. Supervising Sex Offenders in the Community A. 3. (a)(1) Recommendation, add the override process and justification, i.e. assessment, treatment, polygraph results to initially classify all offenders as "maximum". The language, "After six months..." is outdated language unless maintaining a higher standard than Code minimum standard.</p>
S 4.06 Sex Offender Investigation/Supervision	<p>Authority Section Clarify authority as this is not an AOC Directive.</p> <p>Policy section Recommendation, revise "...is to follow..." to "...is to follow these training requirements which will prepare and educate the officer on how to adequately supervise these offenders as stated in Pinal County's Sex Offender Supervision and Community Notification policies and as referenced in ARS statute."</p> <p>Section II a.</p>

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POLICY AND TITLE	RECOMMENDED REVISIONS
	Revise "...Statewide Sex Offender Standards." to "...Draft Statewide Sex Offender Standards."
S 5.06 Foreign Born	Authority Section Include, AO 2007-71, AO 2007-86, AO 2007-85, AD 2009-13, and Modified Foreign Born Protocols (effective 5/1/2009)
S 5.02 Domestic Violence Court Program	Section I D. Staff Training Requirements 1. Recommend revising the word "should" to "shall" if the department requires specific training.
S 5.04 Mental Health Caseload	Section I Staff Training Requirements Recommend stating timeline for completion of required training. Section I A. The language "Officers are expected" is vague, recommend revising language to "Officers shall be familiar...". Section I A. Revise DSM-IV to DSM-V. Section I A. Recommend revising "...should complete" to "...shall complete". Section II B. T he language "...modification with a hearing should be..." implies PO discretion. Recommend revising language to "...modification with a hearing shall be...". Section III A. Revise DSM-IV to DMS-V.
S 5.05a Medical Marijuana	Section II A. Recommend revising "...officer should attempt..." to "...officer shall attempt...". Section IV A. Recommend revising "...the officer should adhere..." to "...the officer shall adhere...". Section IV A. 3. Recommend revising "defendant" to "probationer".
S 5.08 Drug Treatment and Education Fund	Section B. 5. Revise language to "...tracked in APETS in the Client Services – DTEF screen." Section C. 1. Revise language to "...tracked in APETS in the Client Services – DTEF screen." Section C. 3. Revise language to "...administer the Adult Substance Use Survey – Revised (ASUS-R)...".
S 5.12 Adult Drug Court	Section Program Eligibility Second bullet point, should Florence and Apache Junction be included.

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POLICY AND TITLE	RECOMMENDED REVISIONS
S 6.02 Intercounty Courtesy Transfers	<p>Recommendation, refer to ACJA 6-211 for the procedures instead of repeating the entire ACJA. This policy will need to be revised each time ACJA is revised. The policy should include areas that are above and beyond the requirements of ACJA as deemed appropriate by the department.</p> <p>Section Intercounty IPS Cases A. Question/concern. This section implies the receiving department must agree to accept the IPS case prior to the formal transfer request process in 6-211.</p>
S 6.04 Interstate Compact Transfers Incoming	<p>Section I. Eligibility factors for incoming cases – ICAOS Rule 3-101 Recommendation, refer to the Rule number only, otherwise this policy will become outdated if not revised when ICAOS Rules are amended. This section is outdated and does not include the current ICAOS Rule.</p> <p>Section III. Transfer of supervision of sex offenders ICAOS Rule 3-101-3 Recommendation, refer to the Rule number only, otherwise this policy will become outdated if not revised when ICAOS Rules are amended. This section is outdated and does not include the current ICAOS Rule.</p> <p>Section VI. Investigation 3rd paragraph Recommendation, add that a Failure to Arrive NOA must be submitted via ICOTS and notification to the ISC Administrator/AOC Compact Office must also be completed.</p> <p>Section VI. Investigation 4th paragraph Recommendation, add that the OST must be administered within 30 days of acceptance/arrival. The 30-day timeframe is also required for DNA collection under ARS 13-610.</p> <p>Section VIII. Transfer to other Arizona County during investigation Recommendation, revise the denial portion of this paragraph: ICAOS Rules require we request return reporting instructions for rejected offenders, submit NOD and Closure OR refer to ICAOS Rule 4.111.</p> <p>Section X. Probationer requests return to sending state. Revise “(ICAOS Rule 4.11) to (ICAOS Rule 4.111)”.</p> <p>Section XIV. Progress Reports – ICAOS Rule 4.106 Strike language since the annual report is no longer required; or just refer to Rule 4.106.</p>

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POLICY AND TITLE	RECOMMENDED REVISIONS
	<p>Section XV. Compact action requests Strike entire section; it is not in compliance with ICAOS Rules.</p> <p>Section XVI. Violations of conditions of supervision – ICAOS Rule 4-109 Section is outdated; Refer to ICAOS Rules instead.</p> <p>Section XVII. Probable cause proceedings (ICAOS Rule 5.108 and ARS 31-467) Revise "...probable cause haring..." to "...probable cause hearing...". Strike the word "significant" from second sentence. Remove "...or instructed the officer to close interest..." from 3rd paragraph #7.</p>
S 6.05 Interstate Compact Transfers Outgoing	<p>Section I. Eligibility Criteria A. Revise to include 3.101-1, 3.101-2, and 3.101-3</p> <p>Section II. Procedure for Transfer of Compact Cases to Other States, A. Recommend adding victim notification language.</p> <p>Section II. Procedure for Transfer of Compact Cases to Other States, D. 2nd paragraph Recommend revising "...for six months..." as this is outdated; the average case is accepted within 33 days of submission via ICOTS.</p> <p>Section II. Procedure for Transfer of Compact Cases to Other States, E. Revise "Inform the probation..." to "Inform the probationer..."</p> <p>Section II. Procedure for Transfer of Compact Cases to Other States, H. Revise the words "the packet" to "ICOTS".</p> <p>Section II. Procedure for Transfer of Compact Cases to Other States, J. Revise "...packets..." to "transfers submitted via ICOTS..."</p> <p>Section III. Progress Reports Remove the word "annually" from the 1st sentence.</p> <p>Section IV. Extending Probation 2nd paragraph Revise to "...via ICOTS and notify AOC Compact Office."</p>
S 8.02 Use of Force	<p>Section I. Definitions H. Delete policy statement. Preclusion is not required by ACJA, ARS, or caselaw.</p> <p>Section II. Use of Force 1. Delete the words "and necessary." Use of force that seems necessary at the time may turn out to be ruled as unnecessary in a post use of force review.</p>

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POLICY AND TITLE	RECOMMENDED REVISIONS
	Section II. Use of Force 6. Delete the word “necessary.” Use of force that seems necessary at the time may turn out to be ruled as unnecessary in a post use of force review.
S 8.03 Use of Oleoresin Capsicum Spray	Section II. Delete the word “violent”, revise “...an undue risk...” to “...a risk...”, delete the word “escalating”, and delete “...and disengagement is not reasonable.”

Department Response: Prior to the final report, the Department provided the following response, “Policies revised as recommended unless notes below:

Section III. Supervising Sex Offenders in the Community A. 2. (g)
Recommend revising, “In some situations, the supervising probation officer...” to “In some situations, the court may order to allow contact with minors.”

Conditions of Probation specifically give this discretion to the Probation Officer.”

AOC, APSD Response: The recommendation was provided *re:* Section III - Supervising Sex Offenders in the Community (A)(2)(g) to promote consistent language throughout the policy. Section III (G)(2) and (H)(3) states: “...can only take place pursuant to a court order or prior written approval from the supervising officer.” It is recommended that this language be reflected at the beginning of the policy to promote greater awareness and compliance with this requirement.

Required Corrective Action: Please submit all new/revised local policies and procedures to the AOC APSD Operational Review Team for review and approval.

Recommendation: Implement new and/or revised local policies and procedures consistent with ACJA code revisions and effective dates.

Employment

Pursuant to [ACJA § 6-106\(H\)\(3\)\(b-c\)](#), [ACJA § 6-106\(F\)\(3\)\(a\)](#), and [ACJA § 6-106\(H\)\(1 through 8\)](#)

Findings:
<input type="checkbox"/> Exceeds Standard. Substantially exceeds requirement of standard. <input checked="" type="checkbox"/> Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%) <input type="checkbox"/> Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below. <input type="checkbox"/> Standard Not Applicable.

Fifty-four personnel files were selected for review, 51 probation officers and three surveillance officers. The results are as follows:

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Employment Qualification Review

Requirement	Yes	% Compliant	No	N/A
Verification of Bachelor's Degree-for PO	51	100%	0	3
Verification High School Diploma/GED-for SO	3	100%	0	51
National and State Criminal History Check before hire	54	100%	0	0
Before hire, was a driving records check through AZ MVD and any other previous state of residence conducted	54	100%	0	0

Required Corrective Action: None required.

Recommendation: Checklists help ensure that all standard requirements are being met prior to personnel being hired which results in continued compliance.

Officer Certification/COJET/Training

Pursuant to [ACJA § 6-106 \(J\)\(1\)\(b\)](#), [ACJA § 6-104 \(F\)\(1\)](#) adopted via [AO 2006-99](#), [ACJA § 6-104 \(G\)\(1\)\(a\)](#), [ACJA § 1-302 \(K\)\(4\)](#), and [ACJA § 6-107 \(E\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

The results for the 54 files reviewed are listed below:

Officer Certification Training

Requirement	Yes	% Compliant	No	NA
Eight (8) hours of officer safety training within 30 days of hire	44	98%	1	9
Completion of PO Certification Academy within one (1) year of the date of hire/date in position	48	100%	0	6
Certification requested by CPO after one (1) year of service has been completed from hire date/date in position	40	93%	3	11
Completion of IPS Academy within one (1) year of hire date	5	100%	0	49

Required Corrective Action: None required.

Recommendation: A biannual review can assist in discovering any deficiencies which can then be rectified and result in continued compliance.

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Continuing Employment

Pursuant to [ACJA § 6-106 \(J\)\(1\)\(f\)](#), [ACJA §1-302](#), and [ACJA § 6-107\(h\)\(7\)\(a\) & \(b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

Below are the findings of the review of 54 personnel files.

Biannual Criminal History & Annual MVD Check				
Requirement	Yes	% Compliance	No	NA
Criminal History Check Every 2 Years	53	100%	0	1
If the employee operates a state/county/ personal vehicle, were annual MVD reviews conducted	53	100%	0	1

Continuing Education				
Requirement	Yes	% Compliant	No	NA ¹
2017 Annual Continuing Education ²	59	100%	0	3

¹NA includes exempt officers.

²Includes all probation officers.

Required Corrective Action: None required.

Recommendation: A biannual review can assist in discovering any deficiencies which can then be rectified and result in continued compliance.

Firearms Standards

Pursuant to [ACJA § 6-113](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

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Of the 54 officer files reviewed, 38 are armed officers. Below are the findings:

Firearms Standards	Yes	No	Total	% Compliance	¹NA
ACJA § 6-113(E)(1) ; Officer submitted written request to carry to CPO	38	0	38	100%	16
ACJA § 6-113(E)(4) ; CPO acts on officer initial request to carry within 30 days	38	0	38	100%	16
ACJA § 6-113(E)(g)(1-7) ; Officer signs form attesting to 7 Items	39	0	39	100%	15
ACJA § 6-113(E)(2)(a) ; Officer completed psychological testing	39	0	39	100%	15
ACJA § 6-113(E)(2)(b) ; Criminal history records check completed	39	0	39	100%	15
ACJA § 6-113(E)(2)(c) ; Officer completed and demonstrated proficiency in all defensive tactics training	39	0	39	100%	15
ACJA § 6-113(E)(2)(d) ; Officer signed form indicating medically/physically able to perform armed officer duties	39	0	39	100%	15
ACJA § 6-113(E)(2)(e) ; Officer completed Firearms Training Academy	38	1	39	97%	15
ACJA § 6-113(E)(2)(f) ; Officer completed competency test & training course on ACJA 6-112 & 113	39	0	39	100%	15
ACJA § 6-113(G)(3) ; CPO approves/disapproves request to carry within 30 days after officer completes all requirements	38	0	38	100%	16
ACJA § 6-113(H)(1) ; Officer signed form indicating an understanding of the terms & conditions in code and any department policy regarding use of firearms	39	0	39	100%	15
ACJA § 6-113(G)(4)(5) ; For denial, temporary suspension or revocation to carry, CPO must provide written reasons, place in personnel file, & copy officer & officer's supervisor	1	0	1	100%	53
ACJA § 6-113(H)(3) ; Completed annual re-qualification & participated in all required practice sessions	37	0	37	100%	17

¹NA includes unarmed officers, any officer not completing a requirement, carry for less than a year, or is the CPO.

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Required Corrective Action: None required.

Recommendation: Adherence to code requirements for handgun authorization will assist in code compliance.

Pursuant to [ACJA § 1-302\(K\)\(6\)](#)

Code Standard for CFO Training	Compliance
Every chief probation officer shall attend at least one program conducted out-of-state or in-state by an established, nationally recognized training organization every three years.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Required Corrective Action: None required.

Minimum Accounting Standards (MAS)

Pursuant to [ACJA § 1-401\(E\)\(1\)](#), [ACJA § 1-401\(E\)\(4\)](#), [ACJA § 1-401\(F\)\(2\)](#), [ACJA § 1-401\(F\)\(10\)](#), and [ACJA § 1-401\(F\)\(12\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below.
- ☒ Compliance Rating Not Applicable.

The operational review team obtained a copy of the department's most recent (Reporting Year: 2017) MAS Compliance Checklist which was completed by the Department and received by the AOC on time. According to the AOC Court Services Division, Pinal County Adult Probation's Triennial External Audit dated June 2015 was received timely.

The Department has authorized officers from the Florence office who collect money from probationers at the following reporting locations: Sacaton, Coolidge, San Manuel and Superior. Authorized Officers are assigned a receipt book that is specifically used for probationer payments for fines/fees/restitution. To safeguard accounting records as required by ACJA 1-401, receipt numbers should be listed on money orders and deposit slips.

All payments received are kept in a locked bag and transported to the Florence office. Payments that are not deposited on the same day as receipt are kept in a locked cabinet that is only accessible to authorized personnel. Payments kept overnight should be maintained in an immovable locked vault/safe that is only accessible to authorized personnel until deposited.

IPS checking account and deposits were not reviewed during this operational review. A.R.S 13-918 provides "The person's wages shall be paid directly to an account established by the chief adult probation officer...".

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During the preliminary work, the operational review team became aware that the Department had suspended collection of IPS wages. The Department reported on the Self-Assessment Questionnaire (SAQ) dated February 27, 2018 that “In FY17, we were required to cut our general fund budget 3% after enduring 7% cuts over the previous two years. The management of the IPS accounts required someone in each location to oversee and manage the process. Additionally, less than 20% of the IPS Probationers were receiving traditional paychecks. Most were receiving either direct deposit or payment the process of creating a check to be deposited in our IPS accounts was burdensome at best and destructive to the relationship between the officer and the person on probation. With our loss of personnel and dramatic increase in standard supervision cases, our program became unsustainable. In January of 2017, in anticipation of a change to this antiquated statute, as Chief Probation Officer, I made the decision to suspend the collection of wages conditioned we maintain close control and documentation of IPS Probationers wages and payments.”

As reported in the Offender Accountability IPS Financial section of this report, probation officers addressed financial delinquencies in 9 (36 percent compliance rate) of 25 applicable cases.

Department Response: Prior to the final report, the Department provided the following response, “The finance technician will create a checklist that to be utilized twice annually, in January and June of each calendar year, to ensure the proper safeguarding of all receipts, checks, monies and financial records according to MAS.”

Required Corrective Action: The Department’s response does not address the following findings as outlined above: Payments kept overnight should be maintained in an immovable locked vault/safe that is only accessible to authorized personnel until deposited and; to safeguard accounting records as required by ACJA 1-401, receipt numbers should be listed on money orders and deposit slips. Please provide a timeframe/procedure for the installation/use of an immovable safe. Please provide an accounting procedure which outlines the process for receipts and deposit slips.

Recommendation: A checklist for periodic financial reviews would ensure that authorized personnel is following required MAS procedures to safeguard all monies and financial records.

Financial and Statistical Reports

Pursuant to [ACJA § 6-201.01\(F\)\(12-13\)](#), [ACJA § 6-201.01\(F\)\(16-17\)](#), [ACJA § 6-202.01\(F\)\(10-11\)](#), and [ACJA §6-202.01\(F\)\(14-15\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard.
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☒ Compliance Rating Not Applicable.

According to the AOC APSD Budget Specialist, mid-year and closing reports were received from the department on time and are accurate. Monthly budget reports were also received in proper format within specified time frames.

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Code Standard for Financial	Compliance	
Closing financial and program activity reports through December 31, 2017 submitted to the AOC by January 31, 2018.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Closing financial and program activity reports through June 30, 2017 submitted to the AOC by August 31, 2017.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

According to the AOC Data Specialist, annual hand count reports and performance measures were submitted on time during FY 2018.

Code Standard for Statistical Reports	Compliance	
Probation Departments operating an IPS program shall maintain and provide to the AOC data and statistics as may be required.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Probation Departments providing standard probation services shall maintain and provide to the AOC data and statistics as may be required.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's IPS population and shall submit results of the hand counts.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
On request, Chief Probation Officer shall conduct hand counts of the department's standard probation population and shall submit results of the hand counts.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

Required Corrective Action: None required.

Recommendation: Continue timely submission of reporting requirements to ensure code compliance.

Pre-sentence Report (PSR)

Pursuant to [Arizona Rules of Court 26.4\(B\)](#)

Findings:
<input type="checkbox"/> Exceeds Standard. Substantially exceeds requirement of standard. <input checked="" type="checkbox"/> Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%) <input type="checkbox"/> Does Not Meet Standard. Requires corrective action: (89% -0%) Improvement is needed in the areas noted below <input type="checkbox"/> Standard Not Applicable

For fiscal year 2017 (July 1, 2016 to June 30, 2017), the Department reported that according to APETS, 1,136 PSRs were prepared which contrasts with the total of 1,140 reported for fiscal year 2017 performance measures. The Department indicated in the Self-Assessment Questionnaire (SAQ) that 98 percent of the 1,136 reports were submitted to the Judge within two business days of sentencing.

Required Corrective Action: None required.

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Recommendation: The Department can utilize PSI reports contained in APETS Application to compare with monthly performance measures submitted which will assist in ensuring the accurate reporting of PSI reports completed and submitted.

Fleet Management

Pursuant to [ACJA § 6-111](#), [A.R.S. § 38-538.02](#), and the Arizona Department of Administration Fleet Management Rule R2-15-202.

Findings:

- ☐ Exceeds Standard, substantially exceeds requirement of standard.
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard, requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☒ Compliance Rating Not Applicable.

According to the AOC APSD Fleet Specialist, the Department met fleet management compliance in four of the five categories below.

Code Standard for State Fleet	Compliance	
Department maintains a vehicle database or log that shall include, but not limited to; name of operators and location of vehicle.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Department submits monthly vehicle mileage reports.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Department conducts annual Motor Vehicle Department (MVD) reviews of all department employees operating a state vehicle.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
The Chief Probation Officer shall delegate management of the department's state vehicles to an employee of the Department.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
State vehicle damage or loss is reported to the AOC and ADOA Fleet Management within the next business day.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Department Response: Prior to the final report, the Department provided the following response: "the department will ensure vehicle liaisons and backups are trained in state fleet requirements and will continue to require all vehicle loss or damage be reported to the state vehicle liaison and up the department's chain of command by the next business day."

Required Corrective Action: Please provide confirmation of state vehicle liaison and backup staff training once completed.

Recommendation: The quality assurance procedure may include periodic fleet requirement reminders during staff meetings and refresher code training conducted by the Fleet Liaison.

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COMMUNITY PROTECTION

The probation department has a responsibility to enhance public safety through careful supervision and monitoring of individuals receiving a suspended sentence. The review team assessed the Department's compliance with these criteria in the following areas:

- Minimum contact standards for standard supervision cases
- Minimum contact standards for intensive supervision cases
- Minimum contact standards for sex offender cases
- Management of absconder cases
- Victim notification requirements

AOC policy requires contacts/case notes to be entered in APETS within 72 hours. During February 4, 2018 through April 28, 2018 there were 23,404 contacts (85 percent) 19,916 contacts were entered on time.

Standard Probation Supervision (SPS) Contacts

Pursuant to [ACJA § 6-201.01\(K\)\(8\)\(a\)](#), [ACJA § 6-201.01\(K\)\(6\)](#), and [ACJA § 6-201.01\(K\)\(4\)\(a, b\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

A review of 94 SPS case records was conducted. The period reviewed for contacts was February 2018, March 2018, and April 2018. Of the 94 case records reviewed, eight were on maximum supervision, 68 were on medium supervision, and 18 were on minimum supervision. Information in APETS revealed the following:

Supervision Level	February 2018	March 2018	April 2018
Minimum	18	18	18
Medium	68	68	68
Maximum	8	8	8
Total¹	94	94	94

¹Review of contact for some case files was not applicable because probationers' start dates were the following month and/or probationer was on IPS/Jail/DOC for the review period.

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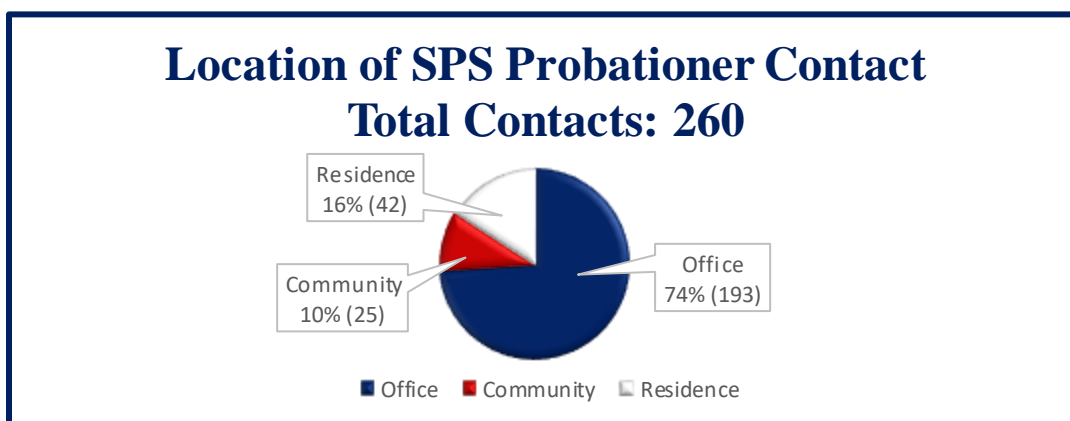
Credit was not given for a collateral contact if the contacts/case notes screen in APETS did not contain meaningful dialogue with the person.

Required SPS Minimum Level Supervision Contacts			
Requirement Met	February 2018	March 2018	April 2018
Yes	17	18	18
No	0	0	0
¹ Total	17	18	18
% Compliance	100%	100%	100%

Required SPS Medium Level Supervision Contacts			
Requirement Met	February 2018	March 2018	April 2018
Yes	60	61	58
No	6	5	5
¹ Total	66	66	63
% Compliance	91%	92%	92%

Required SPS Maximum Level Supervision Contacts			
Requirement Met	February 2018	March 2018	April 2018
Yes	7	6	5
No	0	0	0
¹ Total	7	6	5
% Compliance	100%	100%	100%

¹Review of contacts for some case files was not applicable because probationer's SPS start date was the following month and/or probationer was in jail for the review period.



Required Corrective Action: None required.

Recommendation: Continue to ensure that contacts with probationers results in minimum code and statute requirement compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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Domestic Violence Supervision Contacts

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

The Department's Domestic Violence Court Program requires a higher level of monthly contacts which is determined by the program level: DV Level 1, DV Level 2, and DV Level 3, and not the OST/FROST supervision level. A review of 21 case records was conducted. The period reviewed for contacts was February 2018, March 2018, and April 2018. Information in APETS revealed the following:

Required Domestic Violence Contacts			
Requirement Met	February 2018	March 2018	April 2018
Yes	7	7	7
No	6	5	4
Total	13	12	11
¹ NA	8	9	10
% Compliance	54%	58%	64%

¹NA includes probationers in the sample but not on DV during the review period.

Department Response: Prior to the final report the Department provided the Quality Assurance Tool along with the following response: "The department is evaluating the Domestic Violence Court Program and the associated policy which requires contact standards at a higher monthly level than required by code. During this process and subsequent to any policy modifications, the supervisor overseeing the officers managing the Domestic Violence Program will meet and review Client Level Reports on a monthly basis to ensure the contact standards are being met. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA).

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with contact standards."

Required Corrective Action: None required.

Recommendation: The quality assurance procedure may include the utilization of Client Level Reports in APETS Application and supervisory case record reviews. APETS case notes and other appropriate screens should be utilized to document completion of department policy requirements.

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Intensive Probation Supervision (IPS) Contacts

Pursuant to [ACJA § 6-202.01 \(N\) \(3\)\(a\)](#) and [\(4\)\(a\), \(5\)\(a\), \(6\)\(a\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

The Department has two-person IPS teams. For offender and employer contact compliance review, 31 intensive probation cases were reviewed for contact compliance.

A review of the contacts/case notes screens in APETS revealed the overall average for achieving IPS statutory weekly contact requirements was 74 percent during a 12-week period from February 4, 2018 to April 28, 2018. In accordance with ACJA 6-202.01 (N), the following represents IPS probationer contacts for a two-person IPS team during the review period:

IPS Contact Summary – Two Person IPS Team												
Requirement Met	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Yes	19	16	14	18	20	17	21	21	26	19	22	19
No	5	9	10	7	6	9	7	7	2	7	4	8
N/A ¹	7	6	7	6	5	5	3	3	3	5	5	4
Total	31	31	31	31	31	31	31	31	31	31	31	31
% Compliance	79%	64%	58%	72%	77%	65%	75%	75%	93%	73%	85%	70%
Average % Compliance	74%											

¹NA refers to intensive probationers in jail during the review period or recently transitioned to standard supervision.

In accordance with ACJA 6-202.01 the following represents IPS probationer with employer contacts for the two-person IPS team during the review period:

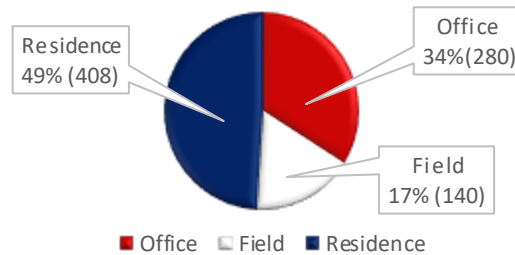
IPS Contact with Employers – Two Person IPS Team												
Requirement Met	Week											
	1	2	3	4	5	6	7	8	9	10	11	12
Yes	9	7	9	7	8	6	27	29	28	27	27	27
No	3	6	5	7	6	8	2	1	2	3	2	4
Total	12	13	14	14	14	14	31	31	31	31	31	31
N/A ¹	19	18	17	17	17	17	2	1	1	1	2	0
% Compliance	75%	54%	64%	50%	57%	43%	93%	97%	93%	90%	93%	87%
Average % Compliance	94%											

¹NA refers to intensive probationers in jail, residential treatment, unemployed during the review period, or recently transitioned to standard supervision.

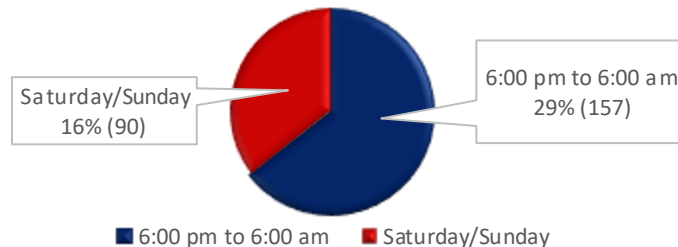
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A review of the contacts/case notes screen in APETS revealed that during the review period a total of 828 face to face contacts were made with 31 IPS probationers. The first chart below shows the total contacts made per location and the second chart shows the variation of field and residence contacts.

Location of Probationer IPS Contacts



Varied Face to Face IPS Contacts for Residence and Field (548)



Department Response: Prior to the final report the Department provided the Quality Assurance Tool along with the following response: “The supervisor of the IPS Team will review client level reports (Client Contact Compliance, IPS Supervision Level by Caseload, customized reports, etc.) on weekly basis to determine the IPS team’s compliance with contact standards. The Supervisor will meet with the IPS team monthly to review compliance with contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with contact standards.

IPS cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases bi-annually. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA).

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards.

By January 31, 2019, all IPS teams and supervisors will attend a refresher training on policy, code and statutes pertaining to IPS.”

Required Corrective Action: Please provide confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

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Recommendation: The quality assurance procedure may include the utilization of Client Level Reports in APETS Application, i.e. Client Contact Compliance, utilization of Periodic Reports in APETS Reports Application, i.e. IPS Supervision Levels by Caseload for supervisory case file reviews, and code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Sex Offender Contacts

Pursuant to [ACJA § 6-201.01\(K\)\(8\)\(a\)](#), [ACJA § 6-201.01\(K\)\(6\)](#) and [ACJA § 6-201.01\(K\)\(4\)\(a, b\)](#)

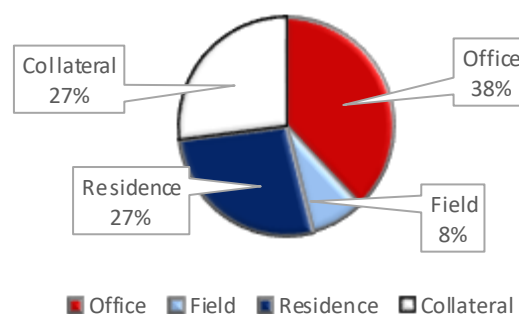
Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

A review of 57 SPS sex offender case records was conducted. The period reviewed for contacts was February 2018, March 2018, and April 2018. Of the 57 case records reviewed, 21 were on maximum supervision, 36 were on medium supervision, and none of the cases were on minimum supervision. Information in the case file and APETS revealed the following:

Required Supervision Contacts for Sex Offender Cases				
Requirement Met	February 2018	March 2018	April 2018	
Yes	56	51	53	
No	0	3	1	
NA	1	3	3	
Total	57	57	57	
% Compliance	100%	94%	98%	

Sex Offender Total Contacts: 330



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Required Corrective Action: None required.

Recommendation: Continue to ensure that contacts with probationers results in minimum code and statute requirement compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Absconders/Warrants

Pursuant to [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(1\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(3\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(4\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(6\)](#), [A.R.S. § 13-805\(C\)\(1\)\(2\)](#), [A.R.S. § 13-105\(1\)](#), [ACJA § 6-105.01 \(E\)\(2\)\(g\)\(5\)](#) and [ACJA § 6-201.01\(J\)\(10\)\(a through g\)](#).

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Documentation in APETS and case files was reviewed for 30 absconder cases (3 IPS and 27 SPS). At the time of the review the sample of cases to be reviewed was generated, the cases were identified as absconders/warrants. Subsequently, some of the probationers may have been apprehended, nevertheless at the time of the on-site review the case was reviewed as an absconder/warrant case. The review findings are listed in the tables below:

Activity to Locate <u>Before</u> Warrant Issued	Yes	No	% Compliance	N/A	Total Cases
IPS Warrant Requested within 72 Hours	0	3	0%	27	30
SPS Warrant Requested within 90 days	26	1	96%	3	30
Residence Checked	19	3	86%	8	30
Collaterals Checked	14	12	54%	4	30
Employment Checked	1	10	9%	19	30
Certified Letter Sent	NA	NA	NA	NA	NA
Activity to Locate <u>After</u> Warrant Issued	Yes	No	% Compliance	N/A	Total Cases
After warrant issued, a criminal history check done	6	24	20%	0	30
Residence Checked	2	12	14%	16	30
Employment Checked	1	8	11%	21	30
Opted-In Victim Notified	NA	NA	NA	NA	30
Annual Records Check	NA	NA	NA	NA	30

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Requirement Met	If Warrant After 7/20/2011, CRO Filed Within 90 Days
Yes	0
No	20
N/A	10
Total	30
% Compliance	0%

Department Response: Prior to the final report, the Department provided the following response:
Finding: IPS warrant requested within 72 hours (0%); Residence checked BEFORE warrant issued (86%);
Collaterals checked BEFORE warrant issued (54%); Employment checked BEFORE warrant issued (9%)

Planned Steps to Address the Finding: Training will continue to occur on this matter. All PTR's are reviewed by a supervisor and discussion regarding timeframes of IPS warrants will be scrutinized during this review. Upon submission of a request for warrant, the supervising officer will document within APETS case notes the activities undertaken to locate the probationer prior to requesting the warrant. The note will include the dates the residence, collaterals, and employment were checked. If any of these are not applicable, that exception will be documented in the case note. The supervisor will not approve the petition to revoke and request for warrant until the activities have been completed and documented by the assigned officer. Staff will be provided feedback and on-going coaching and will be subject to progressive discipline for repeated failures to address issues outlined.

Finding: After warrant issued, a criminal history check done (20%); After warrant issued, a residence check done (14%); After Warrant Employment checked (11%).

The Department will complete a policy review and update. A checklist will be developed by January 31, 2019, for staff to use to ensure completion of required actions required by ACJA § 6-201.01(J) (10) (a through g). Completion of required activities will be documented in APETS. Any requirement that is not applicable will also be documented in APETS. Completion of the checklist will be required prior to supervisor approval to move client to inactive caseload.

Supervisors will utilize APETS report WAR001-Open Warrants by Officer Unit monthly to ensure required activities are completed on all warrants issued.

Finding: After warrant issued, CRO filed within 90 days (0%)

The Department will utilize the APETS reports WAR 001 and WAR002, to monitor warrants issued. The department financial technician will monitor warrants issued to ensure the probation officer has requested a CRO upon the expiration of 90 days. The departmental research analyst will randomly sample 3% of all warrants > 90 days to ensure compliance with noted code and statute.

By January 31, 2019, officers and field support will receive training on policy, code and statute training related to probation violation warrants and criminal restitution orders.

Note: The finding was CRO filed within 90 days. The finding is unclear as per ACJA 6-201.01(J)(9)(a) "If the probationer is not located within 90 days, the supervising probation officers shall file a petition to revoke probation, seek a criminal restitution..." and ACJA 6-202.01(L)(2)(u) "The probation officer shall seek a criminal restitution order upon the expiration of 90 days, pursuant to A.R.S. § 13-805(C)(1)(2), for a probationer who is an absconder..."

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Required Corrective Action: Please provide a copy of the above stated checklist that is being developed to monitor required warrant activities. Also, provide confirmation of staff training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the development and utilization of an absconder/warrant case checklist, the use of the Client Tickler screen in APETS would assist in providing 90/60/30 days notification to run warrant checks and filing the CRO, plus supervisory case file reviews and code and statute training.

Sex Offenders

Pursuant to [A.R.S. § 13-3821](#), [A.R.S. § 13-3822](#), [A.R.S. § 13-3821\(J\)](#), [A.R.S. § 13-610](#), and [A.R.S. § 13-3825](#)

Pursuant to Pinal County Sex Offender Policy S401.01: the initial home visit must occur within 14 days (SPS) and 10 days (IPS) of sentencing/release.

The relevant codes in effect during the review period, [ACJA § 6-201.01\(K\)](#) and [ACJA § 6-202.01\(N\) and \(O\)](#), requires residence verification timeframes based on supervision level. At the time of this operational review, cases sentenced prior to January 11, 2017 were reviewed per Statute and Code in effect during that time, which did not require verification within a specific timeframe. However, best practices indicate this should be completed within 30 days of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 57 SPS sex offender case records was conducted. Information in the case file and APETS revealed the following:

Summary of Sex Offender Requirements	Yes	No	% Compliant	N/A	Total
Initial home visit must occur within 14 days (SPS) and 10 days (IPS) of sentencing per Pinal County's policy	48	9	84%	0	57
Registration within 10 days	25	5	83%	¹ 27	57
Address/name change notification change within 72 hours	15	7	68%	35	57
Yearly identification	23	17	58%	17	57
Treatment Referral to a contracted provider	52	0	100%	5	57
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	25	7	78%	² 25	57

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Summary of Sex Offender Requirements	Yes	No	% Compliant	N/A	Total
If it is not the probationer's 1st felony offense, did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	9	7	56%	41	57
DNA screen completed in APETS	57	0	100%	0	57

¹NA includes initial registrations prior to previous operational review or not required to register.

²NA includes offenders whose DNA was collected by DOC or another department.

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: Finding: Initial Home Visit must occur within 14 days (SPS) and 10 days (IPS) of sentencing per Pinal County Policy (84%)

The department policy will be amended to reflect code standards which would have placed this finding above the 90% threshold. Home verification will remain an area reviewed in random reviews.

Finding: Registration within 10 days (83%); Address/name change notification change within 72 hours (68%); Yearly identification (58%).

Planned Steps to Address the Finding: By January 31, 2019, refresher trainings will be conducted with Sex Offender Officers on statutes and code related to sex offender registration requirements and timelines, as well as use of the sex offender tracking screens. Officers will also be trained on utilization of APETS client level reports such as Client Contact and Compliance Client. Sex offender cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA).

APETS generated reports will be utilized by supervisors to ensure Sex Offender Initial Registration is completed within 10 days and the Sex Offender Tracking Screen is being utilized to track moves and ID changes.

QA results will be tracked for improvement in areas identified in this document. APETS generated reports will be reviewed monthly to ensure deficiencies are addressed. Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards.

Subsequent Process changes to Ensure Future Compliance

Related Attached Documents: QA Tool

Finding: DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming, (78%); If it is not the probationer's 1st felony offense did the Officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming, (56%).

Officers will be provided APETS Client Level Report (DNA001-Client DNA Verification) to correct any missing DNA data. By January 30, 2019, staff will receive refresher training on policy, code, statute and the appropriate use of APETS screens and DNA web link.

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Staff will be provided feedback and on-going coaching and will be subject to progressive discipline for repeated failures to address issues outlined.”

Required Corrective Action: Please provide confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the utilization of a sex offender checklist, use of the Client Ticklers screen in APETS which would provide 90/60/30 days notification for SO ID renewal, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Global Positioning System (GPS)

Pursuant to [A.R.S. § 13-902\(G\)](#) and [AD 2011-41](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below.
- ☐ Standard Not Applicable.

The Department reported on the Self-Assessment Questionnaire they have nine probationers on GPS and use BI, Incorporated, for GPS services. Information in the case file and APETS revealed the following:

Summary of GPS Requirements	Yes	No	% in Compliance	NA	Total
GPS attribute marked in APETS	9	0	100%	0	9
Probationer activated on initial report w/in 72 hours of sentencing/release from custody	3	1	75%	5	9
Probationer activated upon first face to face with probation officer after Court Ordered Modification	5	0	100%	4	9
GPS rules signed by probationer	7	1	88%	1	9
For documented violations, PO initiate immediate response	2	0	100%	7	9
Responses entered into APETS within 72 hours	2	1	67%	6	9
If absconder, PTR with 72 hours	0	0	100%	9	9

Department Response: Prior to the final report, the Department provided the review tool along with the following response: “Because of the extremely low number of GPS cases, all GPS cases will be reviewed by the supervisor 30 days after supervision is initiated and quarterly thereafter. The review tool will include the code elements detailed above.”

Required Corrective Action: Please provide a copy of the Review Tool as mentioned above.

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Recommendation: The quality assurance procedure may include the utilization of a New Client checklist, APETS Application External Reports ATT001-Open Client Special Attributes, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Signed Review/Acknowledgement of Terms and Conditions

Pursuant to [Arizona Rules of Criminal Procedure 27.1](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☐ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 94 SPS case records and 31 IPS case records was conducted. Information in the case files revealed the following:

Summary of Review and Acknowledgement forms				
Type of Probation	Yes	No	Total	% Compliance
SPS	91	3	94	97%
IPS	31	0	31	100%

Required Corrective Action: None required

Recommendation: Continue to ensure that initial contact with probationers results in minimum code and statute requirement compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

DNA Collection

Pursuant to [A.R.S. §13-610\(C\), \(D\) and \(G through O\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

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A review of 94 SPS case records and 31 IPS case records was conducted. Information in the case files and APETS revealed the following:

SPS DNA Collection

SPS DNA Collection/Verification within 30 days	
Yes	51
No	7
Total	58
NA ¹	36
% Compliance	88%

¹NA includes misdemeanor dispositions, another agency/county responsible for DNA collection/verification or DNA would have been verified in an earlier operational review

SPS DNA Collection/Verification If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	
Yes	10
No	7
Total	17
NA	77
% Compliance	59%

IPS DNA Collection

IPS DNA Collection/Verification within 30 days	
Yes	5
No	5
Total	10
¹ NA	21
% Compliance	50%

¹NA includes misdemeanor dispositions, another agency/county responsible for DNA collection/verification or DNA would have been verified in an earlier operational review

IPS DNA Collection/Verification If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	
Yes	6
No	10
Total	16
% in Compliance	38%

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Department Response: Prior to the final report, the Department provided the following response: “For both IPS and SPS, a New Client Checklist will be utilized on new cases. Officers will be provided APETS Client Level Report (DNA001-Client DNA Verification) monthly to correct any missing DNA data. By January 30, 2019, staff will receive refresher training on policy, code, statute and the appropriate use of APETS screens and DNA web link. The department research analyst will provide a quarterly report to the chief probation officer detailing departmental compliance with these identified deficiencies.

Staff will be provided feedback and on-going coaching and will be subject to progressive discipline for repeated failures to address issues outlined.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the utilization of a New Client checklist, APETS Application External Reports QA DNA001-Client DNA Verification, supervisory case file reviews, Code and Statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

VICTIMS' RIGHTS

SPS Victim Contacts

Pursuant to [A.R.S. §13-4415 \(A\)\(1-3\)](#), [A.R.S. §13-4415 \(B\)\(1-5\)](#), and [ACJA § 6-103\(E\)\(4\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 94 case records was conducted; seven cases had opted-in victims. Information in the case files and APETS revealed the following:

SPS - Victim Contact			
Requirement Met	Pre-sentence Contact	Victim Opt-In	Notice of Changes Given
Yes	24	7	3
No	11	28	0
Total	35	35	3
NA	59	59	91
% Compliance	69%	NA	100%

Department Response: Prior to the final report, the Department provided the following response: “Effective immediately, presentence investigators will be required to note that victims were contacted, or

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that all possible attempts were made to contact the victim, in both the file and APETS before the supervisor approves the presentence report for the Court. For cases proceeding through Early Disposition Court and sentenced on the same day as the Change of Plea, court coverage officers will monitor the hearings to verify that the prosecutor made all reasonable attempts to contact the victim pre-sentence. If nothing is said in this regard, court coverage officers will advise the court during the proceeding to ensure victims' rights have been complied with/provided for. This will be noted in APETS. A single individual in the Department has been designated as the victims' rights coordinator and will provide ongoing training for staff on victim issues and utilization of Victim Report and VIC001-Probationers with Victim Cases report."

Required Corrective Action: Please provide confirmation of initial training conducted by Victim's Rights Coordinator.

Recommendation: The quality assurance procedure may include scheduled refresher trainings, regular supervisory case file reviews, and utilization of the APETS Application External Report VIC001 to ensure timely notification to opted-in victims. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. victim contacts.

IPS Victim Contacts

A review of 31 case records was conducted. A victim was opted-in in five of the 31 cases. Information in the case file and APETS revealed the following:

Requirement Met	Pre-sentence Contact	Victim Opt-In	Notice of Changes Given
Yes	15	5	2
No	0	10	3
Total	15	15	5
NA	16	16	26
% Compliance	100%	NA	40%

Department Response: Prior to the final report, the Department provided the following response: "For cases where the victim has opted-in, both paper files and electronic files (APETS) will be designated on the front of the file, or in APETS, respectively. Supervisors will review the case to ensure the victim has been notified, before approving a predisposition report or Petition to Modify the defendant's level of supervision. The supervisor will document victim notification by entering an APETS case note.

A single individual in the Department has been designated as the victims' rights coordinator and will provide ongoing training for staff on victim issues and utilization of Victim Report and VIC001-Probationers with Victim Cases report and the APETS Victim Maintenance module.

Required Corrective Action: Please provide confirmation of initial training conducted by Victim's Rights Coordinator.

Recommendation: The quality assurance procedure may include scheduled refresher training, regular supervisory case file reviews, and utilization of the APETS Application External Report VIC001-Probationers with Victim Cases to ensure timely notification to opted-in victims. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. victim contacts.

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OFFENDER ACCOUNTABILITY

The enforcement of court-ordered financial obligations such as restitution and probation service fees (PSF) and community restitution orders (CRO) are integral parts of probation supervision, the absence of which undermines probationer accountability and mitigates the sentence imposed. During the operational review, intensive and standard probation case files were reviewed to assess the department's enforcement of financial obligations and CROs.

SPS Financials

Pursuant to [ACJA § 6-103\(E\)\(8\)\(g\)](#), [A.R.S. § 13-901](#), and [A.R.S. 13-804\(N\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 94 case records was conducted. Restitution was ordered in 5 of the 94 cases. Information in the case file/financial file/APETS and information from the department revealed the following:

Standard Restitution			
Requirement Met	Restitution Current	Court Notified	Opted in Victim Notified
Yes	1	3	1
No	4 ¹	1 ¹	0 ¹
Total	5	4	1
% Compliance	NA	75%	100%

¹Court/victim notification documentation of delinquent restitution not found in case file or Contacts/Case Notes in APETS.

Standard Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	15
No	54
Total	69
NA	25
% Compliance	NA

Probation Officers addressed court financial delinquencies in 18 (33 percent) of 54 applicable cases.

Department Response: Prior to the final report, the Department provided the following response: "Accountability and compliance with financial conditions is a concern of Pinal County Adult Probation Department (PCAPD). PCAPD staff, including the Chief Probation Officer, have been working diligently

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with AOC staff and other interested parties to develop reports within AJACS which would aid in the collection of court ordered obligations.

On July 16, 2018, Pinal County Adult Probation hired a financial technician with extensive experience with AJACS to oversee and improve collections. Since that date, the financial technician has developed a restitution tracking and officer notification system and has improved victim notification related to restitution cases.

Effective August 1, 2018, all restitution cases are reviewed by the departmental financial technician monthly. If a case is two months delinquent, the assigned officer is notified and advised of the need to notify the court of the delinquency pursuant to ACJA § 6-103(E)(4)(I). The officer provides a copy of the court notification to the financial technician who provides the notice to the Court and the victim.

If a case is four months delinquent, the assigned officer is notified and advised of the need to notify the court of the delinquency pursuant to ARS 13-804 N. The officer provides a copy of the court notification to the financial technician who provides the notice to the Court, the County Attorney's Office and the victim and sets a hearing date if necessary.

The financial technician will update APETS case notes to reflect all completion of all code and statute requirements, collection efforts and actions taken including the Court's response to the officer's recommendation. The supervising probation officer will document all strategies and interventions implemented to assist in the collection of court ordered financial obligations.

In addition to the financial technician reviews, the cases will be subject to random reviews by supervisory probation officers as part of the quality assurance process."

Required Corrective Action: None required.

Recommendation: The quality assurance procedure may include scheduled refresher training and regular supervisory case file reviews to ensure timely notification to the Court and opted-in victims of probationer arrearages in restitution, as well as to increase efforts regarding enforcement of financial orders. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. the monitoring and immediate address of any arrearage.

IPS Financials

Pursuant to [ACJA § 6-103\(E\)\(8\)\(g\)](#), [A.R.S. § 13-901](#), and [A.R.S. 13-804\(N\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

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A review of 31 case records was conducted. Restitution was ordered in two of the 31 cases. Information in the case file/financial file/APETS and information from the department revealed the following:

IPS Restitution			
Requirement Met	Restitution Current	Court Notified	Opted in Victim Notified
Yes	1	1	0
No	¹ 1	1	¹ 0
Total	2	2	0
% Compliance	50%	50%	NA

¹Court/victim notification of delinquent restitution not found in files/no documentation Contacts/Case Notes in APETS. Restitution is “delinquent” where payments are in arrears two or more months.

Intensive Probation Service Fees (PSF)	
Requirement Met	PSF Current
Yes	0
No	25
Total	25
NA	6
% in Compliance	NA

Probation Officers addressed financial delinquencies in 9 (36 percent) of 25 applicable cases.

Department Response: Prior to the final report, the Department provided the following response: “Effective August 1, 2018, all IPS restitution cases are reviewed by the departmental financial technician monthly. If a case is two months delinquent, the assigned officer is notified and advised of the need to notify the court of the delinquency pursuant to ACJA § 6-103(E)(4)(I). The officer provides a copy of the court notification to the financial technician who provides the notice to the Court and the victim.

If a case is four months delinquent, the assigned officer is notified and advised of the need to notify the court of the delinquency pursuant to ARS 13-804 N. The officer provides a copy of the court notification to the financial technician who provides the notice to the Court, the County Attorney’s Office and the victim and sets a hearing date if necessary.

The financial technician will update APETS case notes to reflect all completion of all code and statute requirements, collection efforts and actions taken including the Court’s response to the officer’s recommendation. The supervising probation officer will document all strategies and interventions implemented to assist in the collection of court ordered financial obligations.

In addition to the financial technician reviews, the cases will be subject to random reviews by supervisory probation officers as part of the quality assurance process.”

Required Corrective Action: None required.

Recommendation: The quality assurance procedure may include scheduled refresher training and regular supervisory case file reviews to ensure timely notification to the Court and opted-in victims of probationer arrearages in restitution, as well as to increase efforts regarding enforcement of financial orders. APETS case notes should be utilized to document completion of all code and statute requirements, i.e. the officer monitoring and immediately addressing any arrearage.

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IPS Collection of Probationer Wages

Pursuant to [A.R.S. § 13-918\(B\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The Chief Probation Officer shall establish an IPS checking account in accordance with statute, which requires IPS probationers to submit their wages to the department. After payment is made, the remaining balance is returned to the probationer that afternoon or the following day. A summary of offenders' financial statuses shall be maintained in each case record. Below are the findings for the 31 IPS files reviewed.

Paychecks/Wages Submitted by Probationers on IPS			
Wages Submitted	January 2018	February 2018	March 2018
Yes	0	0	0
No	18	23	24
Total	18	23	24
NA¹	13	8	7
% Compliance	0%	0%	0%

¹Wages not applicable for unemployed probationers, students, or disabled probationers

Department Response: "In FY17, we were required to cut our general fund budget 3% after enduring 7% cuts over the previous two years. The management of the IPS accounts required someone in each location to oversee and manage the process. Additionally, less than 20% of the IPS probationers were receiving traditional paychecks. Most were receiving either direct deposit or payment and the process of creating a check to be deposited in our IPS accounts was burdensome at best and destructive to the relationship between the officer and the person on probation. With our loss of personnel and dramatic increase in standard supervision cases, our program became unsustainable. In January of 2017, in anticipation of a change to this antiquated statute, as Chief Probation Officer, I made the decision to suspend the collection of wages conditioned we maintain close control and documentation of IPS Probationers wages and payments."

Required Corrective Action: None required

Recommendation: APETS case notes should be utilized to document that probation officers are ensuring the collection of monies owed, as a condition of probation, and immediately addressing any arrearage.

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SPS Community Restitution (CR) Hours

Pursuant to [ACJA § 6-201.01\(K\)\(5\)\(d\), \(7\)\(c\), and \(8\)\(d\)](#), and [ACJA § 6-201.01\(J\)\(1\)\(h\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 94 case records was conducted. A monthly breakdown of CR hours compliance for the review period is illustrated below:

SPS Monthly Community Restitution Requirement Met				
CR Hours Completed	December 2017	January 2018	February 2018	Officer Addressed Delinquency
Yes	2	1	1	7
No	9	10	11	5
Total	11	11	12	12
NA ¹	83	83	82	82
% Compliance	18%	9%	8%	58%

¹CR hours were: not ordered, discretionary, or completed prior to the review period.

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: “Officers will review the APETS CWS Report each month to assess status of probationer’s community restitution and will adjust supervision activities to address non-compliance. Supervisors will review APETS report CREST001-Agency Assignment and Hours Worked and/or APETS CWS Report at least quarterly to ensure probation officers are addressing noncompliance.

Cases with community restitution will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA).

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to address community restitution noncompliance.

By January 31, 2019, staff will receive training in the use of applicable APETS reports, community restitution modules and screens.”

Required Corrective Action: Please provide confirmation of staff training once completed.

Recommendation: The quality assurance procedure may include the utilization of APETS Report Application CWS (Community Restitution) Report, supervisory case file reviews, Code and Statute

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training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS Community Restitution (CR) Hours

Pursuant to [A.R.S. § 13-914\(E\)\(6\)](#), [ACJA § 6-202.01\(D\)\(1\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 31 case records was conducted. A monthly breakdown of CR hours compliance for the review period is illustrated below:

IPS Monthly Community Restitution Requirement Met				
Hours Completed	January 2018	February 2018	March 2018	Officer Addressed Delinquency
Yes	7	8	12	27
No	10	15	16	1
Total	17	23	28	28
NA ¹	14	8	3	3
% Compliance	41%	35%	43%	96%

¹probationer was in prison, jail, treatment, hospital, severe drug issues, missing, or CR hours were waived

Department Response: Prior to the final report, the Department provided the following response: “IPS Officers will review the APETS CWS Report each month to assess status of probationer’s community restitution and will adjust supervision activities to address non-compliance. Supervisors will review APETS report CREST001-Agency Assignment and Hours Worked and/or APETS CWS Report at least quarterly to ensure IPS teams are addressing noncompliance.

IPS Cases with community restitution will also be subject to random sampling reviews and supervisors will utilize the results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to address community restitution noncompliance.

By January 31, 2019, IPS teams will receive training in the use of applicable APETS reports, community restitution modules and screens.

Required Corrective Action: Please provide confirmation of staff training once completed.

Recommendation: The quality assurance procedure may include the utilization of APETS Report Application CWS (Community Restitution) Report, supervisory case file reviews, Code and Statute

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training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

CASE MANAGEMENT

SPS Residence and Employment Verification

The relevant Code in effect during the review period, [ACJA § 6-201.01\(K\)](#), requires residence verification timeframes based on supervision level but employment verification is also necessary. At the time of this Operational Review, cases sentenced prior to January 11, 2017 were reviewed per Statute and Code in effect during that time, which did not require verification within a specific timeframe. However, best practice indicates this should be completed within 30 days of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable/For information Purposes only

Not all probation officers use the Address/Employment History screens in APETS to document the date verified for address verification and employment verification. Therefore, the operational review team read through the contact notes for each case to determine compliance.

The following table shows the number of residence and employment verifications conducted for the 94 case files reviewed (77 high and medium risk, 17 low risk).

Standard Supervision – Residence & Employment Verification			
	Residence Verification w/in 30 Days (High and Medium Risk)	Residence Verification w/in 60 Days (Low Risk)	Employment Verification
Yes	55	17	43
No	21	0	8
Total	76	17	51
NA¹	18	77	43
% Compliance	72%	100%	84%

¹NA includes verifications completed prior to previous operational review.

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool with the following response: “The department will develop and utilize a new client check list which will be reviewed at the 30/60-day mark by the supervisor to ensure residence and employment verifications have been completed. The supervisors will review the APETS Management “What’s Due” tool monthly to ensure residence verifications are completed on active cases. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA).

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Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with contact standards.

By January 31, 2019, staff will receive training in the use of applicable code, statutes, APETS reports/screens/tools, and Client Ticklers screen in APETS.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the utilization of a New Client checklist, the Client Ticklers screen in APETS which would assist in providing set notifications to complete required tasks, APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS OST/FROST Timeline Compliance

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(1\)](#) and [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(g\)](#)

At the time of this operational review, cases sentenced prior to January 11, 2017 were reviewed per Code in effect during that time, which required a reassessment every 180 day. Cases sentenced on or after January 11, 2017 were reviewed per current Code, which requires a reassessment 12 month from the initial assessment.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The results for the 94 SPS case files reviewed are listed in the table below.

Offender Screening Tool (OST) Completed within 30 days	
Yes	61
No	13
Total	74
NA ¹	20
% Compliance	82%

¹NA includes cases with a probation start date prior to previous operational review or initial assessment completed by another department.

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The results for the 94 SPS case files reviewed are listed in the table below:

Reassessment (FROST) ¹ per Code requirement prior to 1/11/17 or Code requirement on or after 1/11/17	
Yes	82
No	58
Total	140
NA	424
% Compliance	59%

¹The FROSTs for the past three years were reviewed.

²NA includes reassessments completed by another department, reviewed during a previous op review, or not required during this op review period.

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: “The department will develop and utilize a new client check list which will be reviewed at the 30/60-day mark by the supervisor to ensure OST/FROST is completed timely on new cases. The supervisors will review the APETS Management “What’s Due” tool monthly to ensure FROST assessments are completed on active cases. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). Officers will enter an APETS case upon completion of OST/FROST, noting the completion date and detailing the risk level and the identified risk factors.

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with assessment completions.

By January 31, 2019, supervisors will receive training in the use of APETS Management “What’s Due” tool. We will also be submitting a request for development of more comprehensive reports detailing due dates of OST and FROST Assessments.

By January 31, 2019, staff will receive training in the use of applicable code, statutes, APETS reports/screens, and Client Ticklers screen in APETS.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30-day notifications to complete assessments, APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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SPS Assessment Score Matching Supervision Level

Pursuant to [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(c\)](#)

The team reviewed supervision levels of the selected cases to determine if they agreed with assessment or reassessment scores. The post-sentence supervision assignment sheet (updated in January 2010) requires that assessment scores of 0-5 (males) and 0-8 (females) be supervised under standard, minimum supervision requirements. Assessment scores of 6-17 (males), 9-20 (females) will be supervised under the standard, medium supervision requirements, and assessment scores of 18 and higher (males) and 21 and higher (females) will be supervised under the standard, maximum supervision requirements.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Each of the 94 SPS cases were compared to the above standards using the current supervision level and OST/FROST. The results are outlined below.

Supervision Level Matches Assessment Scores for Standard Supervision			
Requirement Met	Maximum	Medium	Minimum
Yes	3	66	18
No	5	2	0
Total	8	68	18
NA ¹	0	0	0
% in Compliance	38%	97%	100%

¹Most recent risk score was not in the case file and/or APETS

Department Response: Prior to the final report, the Department provided the following response: “Officers and supervisors will be provided with monthly report(s) (ASM001-Probationers and Current Risk Level Officer Caseload, Assessment and Supervision – Non-Matches) detailing supervision levels which do not match assessment score. These will be either corrected within 7 days or a case note will be entered in APETS documenting an override.”

Required Corrective Action: None required.

Recommendation: The quality assurance procedure may include the utilization of APETS Report Application County Population by Risk Report, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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SPS Case Plan Timeline

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(4\)](#), [ACJA § 6-201.01\(J\)\(5\)\(a\)\(7-8\)](#), and [AJCA 6-201.01\(J\)\(1\)\(I\)](#)

At the time of this operational review, cases sentenced prior to January 11, 2017 were reviewed per Code in effect during that time, which required a follow-up case plan every 180 days. Cases sentenced on or after January 11, 2017 were reviewed per current Code, which requires a follow-up case plan, 12 months from the initial case plan. An important aspect of case planning is to ensure that probationers are included in the development of goals and strategies. The probationer is a valuable resource in identifying solutions to the needs targeted on the OST or FROST. Minimum level supervision cases were reviewed to determine if a case plan was completed if required.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below shows the department's compliance regarding an initial case plan and follow-up case plans. Of the 94 cases reviewed, 18 were minimum level supervision cases.

SPS Case Plans ¹	Yes	No	Total	% Compliance	NA ²
Initial completed within 60 days	64	12	76	84%	18
Follow-up completed per Code prior to January 11, 2017 or per current Code as of January 11, 2017	46	59	105	44%	365
If minimum supervision level, was a case plan completed as required	3	4	7	43%	76

¹The CP for the past three years were reviewed for each applicable case file.

²Another agency/county responsible for initial CP, and/or follow-up CP, CP not necessary for the applicable case and/or CP not necessary at the time of the operational review or would have been verified in an earlier operational review.

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: "The department will develop and utilize a new client check list which will be reviewed at the 30/60/90-day mark by the supervisor to ensure the case plan is completed timely on new cases. APETS report PRB003-Case Plan and Assessment Status in What's Due will be utilized to notify officers of pending due dates. Supervisors will review the APETS Management "What's Due" tool and APETS report PRB003 monthly to ensure follow up case plans are completed as required. Cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA). Officers will enter an APETS case note upon completion of case plan, noting the completion date and detailing the case plan strategies.

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with assessment completions.

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By January 31, 2019, supervisors and officers will receive training in the use of APETS “What’s Due” tool and APETS report PRB003--Case Plan and Assessment Status in What’s Due.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed.

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30day notifications to complete case plans, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Case Plan Signatures

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(a\)\(4\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Case plan signatures indicate the probationer and supervising officer are aware of the goals to be addressed during each contact and that the probationer participated in the case planning. The results for the 94 SPS case files reviewed are displayed below:

Most Recent Case Plan Contains All Required Signatures	
Yes	63
No	16
Total	79
NA	15
% Compliance	80%

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: “Supervision cases will be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). These reviews will ensure the case plan is signed. Officers will be required upon completion of case plan to enter an APETS case note documenting the completion of the case plan, detailing the supervision strategies and noting the case plan was signed by the officer and the probationer.

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards.

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By January 31, 2019, all staff and supervisors will attend a refresher training on policy, code and statutes pertaining to completion of case plans.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include supervisory case file reviews, code and statute training.

SPS Low Risk Annual Review

Pursuant to [AJCA 6-201.01\(J\)\(5\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below shows the department’s compliance regarding Pinal County’s policy S 5.07 which states a criminal history check will be performed twice a year for minimum level cases. Of the 94 cases reviewed, 18 were minimum level supervision cases.

Low Risk Supervision Level Twice a Year Review Per Pinal County’s Policy S 5.07	
Yes	10
No	6
Total	16
NA ¹	78
% Compliance	63%

¹NA includes minimum level offender who have not been on probation for a year or more.

Department Response: Prior to the final report, the Department provided the following response: “Policy S 5.07 will be revised to correspond with code requirements.

Low supervision cases will also be subject to random sampling reviews which will be conducted on 20% of the assigned officer’s low risk cases quarterly. These random reviews will ensure the requirements of AJCA 6-201.01(J)(5)(12) are met and documented in an APETS case note.

Supervisors will utilize the results of the review when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards.

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By January 31, 2019, all staff and supervisors will attend a refresher training on Client Ticklers screen in APETS, policy, code and statutes pertaining to supervision of low risk cases.

Required Corrective Action: Please provide confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30day notifications to complete criminal history checks, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Photo in File

Pursuant to [ACJA § 6-202.01\(P\)\(2\)\(c\)](#)

Verification of Employment

Pursuant to [ACJA § 6-202.01\(N\)\(3\)\(b\), \(4\)\(b\), \(5\)\(b\), \(6\)\(b\)](#)

Employment was verified timely in 20 of 26 applicable case files. Employment verification was not applicable in five case files reviewed (e.g., job search, disabled, retired, full-time student, in treatment, health issue, self-employed).

Verification of Job Search

Pursuant to [A.R.S. § 13-914\(E\)\(1\)](#)

For unemployed probationers, job search/community restitution verification was completed for 1 of the 5 applicable case files.

Verification of Community Restitution

Pursuant to [A.R.S. § 13-914\(E\)\(6\)](#)

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For full-time students, employed or in a treatment program, community restitution verification was completed for 2 of the 26 applicable case files.

Verification of Residence

☒ The relevant code in effect during the review period, [ACJA § 6-202.01\(N\)\(3\)](#), requires an initial contact at the residence within 10 days of sentencing or release from incarceration. *During the review period (cases sentenced prior to January 11, 2017)*, there is no statute, code, or departmental policy regarding IPS residence verification. However, best practices indicate this should be completed within 72 hours of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

☐ The relevant code in effect during the review period, [ACJA § 6-202.01\(O\) Waiver Provisions](#), requires home contacts to be random and varied, none are specifically directed at verification upon placement on probation or release from custody. *During the review period (cases sentenced prior to January 11, 2017)*, there is no statute, code, or departmental policy regarding IPS residence verification. However, best practices indicate this should be completed within 72 hours of sentencing/release from custody as it will provide the officer with insight into a probationer's needs and overall situation.

Intensive Probation Cases					
Requirement Met	Photo in File	Employment Verified w/in 10 Days	Job Search 6 Days/Week	Required CR per Month	Residence Verified
Yes	30	20	1	2	19
No	1	6	4	24	0
Total	31	26	5	26	19
NA	0	5¹	26²	5¹	12³
% Compliant	97%	77%	20%	8%	100%

¹NA includes job search or disabled probationers

²NA includes employed, full-time student, in treatment

³NA includes reinstatements to IPS

Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: "The department will develop an IPS monthly checklist which the IPS Team will complete monthly to ensure that minimum Code and Statute requirements are being met. IPS Teams will enter a case note within the first five days of each month documenting Code and Statute compliance or noting reasons for inability to comply.

The IPS supervisors will review the APETS Management "What's Due" tool monthly to ensure Code and Statute contacts are in compliance with minimum standards. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA).

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with IPS contact standards.

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By January 31, 2019, supervisors will receive training in the use of APETS Management “What’s Due” tool.

By January 31, 2019, staff will receive training in the use of applicable IPS code, statutes, and policy, and training on documenting in APETS and the use of Client Ticklers screen in APETS and use of client level reports: Client Contact Compliance and Client Overview.”

Required Corrective Action: Please provide a copy of the IPS Monthly Checklist and confirmation of staff training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include development and utilization of an IPS checklist, the use of APETS QA Reports, supervisory case file reviews, Code and Statute training. APETS case notes and other appropriate screens should be utilized to document completion of all Code and Statute requirements.

Verification of Weekly Schedules

Pursuant to [A.R.S. § 13-914\(E\)\(4\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

For the three-month period as noted in the table below, 31 files were reviewed for the presence of probationers’ weekly schedules. To be counted as completed for the month, schedules for all four weeks must be completed in detail and in the case file.

IPS Schedules Submitted			
Four Schedules/Month	January 2018	February 2018	March 2018
Yes	18	20	25
No	0	2	2
Total	18	22	27
NA ¹	13	9	4
% Compliant	100%	91%	93%

¹NA refers to intensive probationers in jail, DOC, residential treatment, or recently transitioned to standard supervision.

Department Response: None required.

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Recommendation: Continue to ensure that probationer contacts result in minimum code and statute requirement compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS OST/FROST and Case Plan

Pursuant to [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(a\)](#), [ACJA § 6-105.01\(E\)\(2\)\(b\)\(1\)\(g\)](#), [ACJA § 6-202.01\(L\)\(2\)\(c\)](#), [ACJA § 6-202.01\(L\)\(2\)\(h\)](#), and [ACJA § 6-202.01\(L\)\(2\)\(c\)](#)

Per the January 11, 2017 code revision, initial assessments and reassessments completed on or after this date were reviewed using the 30 days/12-month requirement. Initial assessments and reassessments completed prior to January 11, 2017 were reviewed according to the 30 days/180-day requirement.

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

A review of 31 case files revealed the following:

Requirement Met	Initial Assessment (OST) w/in 30 days or at PSI	Reassessment (FROST) ¹ per Code requirement prior to 1/11/17 or Code requirement on or after 1/11/17
Yes	7	25
No	0	2
Total	7	27
NA²	24	66
% Compliance	100%	93%

¹The FROSTs for the past three years were reviewed.

²NA includes offenders reinstated to IPS or OST completed by another agency/department.

IPS Case Plans ¹	Yes	No	Total	% Compliance	NA ²
Initial completed within 30 days	6	4	10	60%	21
Follow-up completed per Code requirement prior to 1/11/17 or Code requirement on or after 1/11/17	24	5	29	83%	64
Required signatures obtained	30	1	31	97%	0

¹The case plans for the past three years were reviewed.

²Another agency/county responsible for initial case plan, and/or follow-up case plan, case plan not necessary for the applicable case and/or case plan not necessary at the time of the operational review or would have been verified in an earlier operational review.

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Department Response: Prior to the final report, the Department provided a copy of the Quality Assurance Tool along with the following response: “The department will develop and utilize a new client checklist which will be reviewed at the 30/60/90-day mark by the supervisor to ensure the case plan is completed timely on new cases. APETS report PRB003-Case Plan and Assessment Status in What’s Due will be utilized to notify officers of pending due dates. Supervisors will review the APETS Management “What’s Due” tool and APETS report PRB003 monthly to ensure follow up case plans are completed as required. Cases will also be subject to random sampling reviews which will be conducted on 20% of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). Officers will enter an APETS case note upon completion of case plan, noting the completion date and detailing the case plan strategies.

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with assessment completions.

By January 31, 2019, supervisors and officers will receive training in the use of APETS “What’s Due” tool and APETS report PRB003--Case Plan and Assessment Status in What’s Due.”

Required Corrective Action: Please provide a copy of the New Client Checklist and confirmation of staff refresher training once completed.

Recommendation: The quality assurance procedure may include the utilization of the Client Ticklers screen in APETS which would assist in providing 90/60/30day notifications to complete case plans, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Incoming Interstate

Pursuant to [ACJA § 6-204.01\(J\)\(5\)\(a\)](#), [A.R.S § 31-467.06](#), and [Interstate Commission for Adult Offender Supervision \(ICAOS\) Rule 4.106\(a\)](#), [ICAOS Rule 3.103 \(c\)](#) and [Rule 3.106 \(b\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below lists the results of the review of 30 incoming ISC cases files.

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Incoming Interstate Compact Requirements	Yes	No	Total	% Compliance	N/A
Were the Arizona Conditions Signed	30	0	30	100%	0
Is VCAF on Arizona Terms & Conditions	27	3	30	90%	0
Sending State's Terms & Conditions in File	30	0	30	100%	0
Interstate Tracking Screen Completed in APETS	29	1	30	97%	0
ISC Status Accurate in APETS (Accepted, Closed, etc.)	19	11	30	63%	0
If VCAF collections are not current, has the PO addressed	4	11	15	27%	15
DNA Collected Within 30 Days	12	16	28	43%	2
OST Within 30 Days of Arrival or Acceptance	20	10	30	67%	0
ICP Within (60 days for SPS and 30 days for IPS) of Arrival or Acceptance	15	14	29	52%	1

For Informational purposes only in relation to VCAF monies owed to Arizona

Incoming Interstate Compact Monies Owed	Yes	No	Total	%	N/A
Are VCAF collections current	12	15	27	44%	3

Department Response: Prior to the final report, the Department provided the following response: "Officers will be provided APETS Client Level Report (DNA001-Client DNA Verification) monthly to correct any missing DNA data. By January 30, 2019, staff will receive refresher training on policy, code, statute and the appropriate use of APETS screens and DNA web link. The department research analyst will provide a quarterly report to the chief probation officer detailing departmental compliance with these identified deficiencies.

The department will develop and utilize a new client check list which will be reviewed at the 30/60-day mark by the supervisor to ensure OST/FROST is completed timely on new cases. The supervisors will review the APETS Management "What's Due" tool monthly to ensure FROST assessments are completed on active cases. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA). Officers will enter an APETS case upon completion of OST/FROST, noting the completion date and detailing the risk level and the identified risk factors.

The department will develop and utilize a new client check list which will be reviewed at the 30/60/90-day mark by the supervisor to ensure the case plan is completed timely on new cases. APETS report PRB003-Case Plan and Assessment Status in What's Due will be utilized to notify officers of pending due dates. Supervisors will review the APETS Management "What's Due" tool and APETS report PRB003 monthly to ensure follow up case plans are completed as required. Cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer's cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA). Officers will enter an APETS case note upon completion of case plan, noting the completion date and detailing the case plan strategies.

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Assigned officers will document within APETS at least quarterly efforts being made to enforce VCAF financial obligations if that is an issue.

Two officers within the department have been designated to supervise incoming interstate compact cases. They will receive training by January 31, 2019, on use of APETS Report ISC002-Interstate Compact by Status Assignments (and Interstate Current Status Report when functional). The officers will utilize this report monthly to ascertain ISC status is accurate in APETS. These cases will also be subject to random reviews and the review instrument will contain the elements noted as deficiencies.

Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards.”

Required Corrective Action: Please provide confirmation of staff training once completed.

Recommendation: The quality assurance procedure may include utilization of an Incoming ISC checklist, the use of APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Outgoing Interstate

Pursuant to [ACJA § 6-204.01\(J\)\(5\)\(a\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The table below lists the results of the review of 30 Outgoing ISC cases.

Outgoing ISC Requirements	Yes	No	Total	% Compliance	N/A
ISC status accurate (accepted, closed, etc.), ICOTS & APETS match	28	2	30	93%	0
Did probationer leave with valid reporting instructions	29	1	30	97%	0
Did the PO respond to violation reports within 10 business days	2	0	2	100%	28
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or prior to departing from AZ through ISC	16	3	19	84%	11

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Outgoing ISC Requirements	Yes	No	Total	% Compliance	N/A
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency, did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or prior to departing from AZ through ISC	4	5	9	44%	21
DNA screen completed in APETS	27	3	30	90%	0
Was the Opted-in Victim notified of ISC and any other probation status issues	0	5	5	0%	25

Department Response: Prior to the final report, the Department provided the following response: “Prior to the final report, the Department provided the following response: “Officers will be provided APETS Client Level Report (DNA001-Client DNA Verification) monthly to correct any missing DNA data. By January 30, 2019, staff will receive refresher training on policy, code, statute and the appropriate use of APETS screens and DNA web link. The department research analyst will provide a quarterly report to the chief probation officer detailing departmental compliance with these identified deficiencies.

The department will develop and utilize a new client check list which will be reviewed at the 30/60-day mark by the supervisor to ensure OST/FROST is completed timely on new cases. The supervisors will review the APETS Management “What’s Due” tool monthly to ensure FROST assessments are completed on active cases. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). Officers will enter an APETS case upon completion of OST/FROST, noting the completion date and detailing the risk level and the identified risk factors.

The department will develop and utilize a new client check list which will be reviewed at the 30/60/90-day mark by the supervisor to ensure the case plan is completed timely on new cases. APETS report PRB003-Case Plan and Assessment Status in What’s Due will be utilized to notify officers of pending due dates. Supervisors will review the APETS Management “What’s Due” tool and APETS report PRB003 monthly to ensure follow up case plans are completed as required. Cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). Officers will enter an APETS case note upon completion of case plan, noting the completion date and detailing the case plan strategies. Additionally, the department will develop an outgoing ISC checklist which includes victim notification, DNA collection, travel permit, etc.

By January 31, 2019, staff dealing with ISC cases will received refresher training on the statutes, codes and policies impacting ISC cases. Supervisors will also receive training in the use of APETS reports such as QA DNA001-Client DNA Verification, VIC001- Probationers with Victim Cases and Victim Report.

Supervisors will utilize the QA results when completing employee evaluations. Staff will be provided feedback and on-going coaching and are subject to progressive discipline for repeated failures to meet contact standards. Division managers will provide the Chief Probation Officer quarterly reports on compliance with ISC contact standards.”

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Required Corrective Action: Please provide a copy of the ISC Outgoing Checklist and confirmation of staff refresher training once completed. It is recommended that the department contact the AOC for assistance with the code training.

Recommendation: The quality assurance procedure may include out-of-state address notification during PSI, development and utilization of an Outgoing ISC checklist which includes victim notification, DNA collection, travel permit, etc., the use of APETS reports such as QA DNA001-Client DNA Verification and APETS QA Reports, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

For informational purposes only in relation to Court monies owed to Arizona

Outgoing ISC Monies Owed	Yes	No	Total	%	N/A
Is money owed to Arizona	14	16	30	47%	0
Are payments current	4	10	14	29%	16

Recommendation: Although the team could not determine whether officers were following up with probationers regarding payments, the Department may want to establish a review process for probationer payments. The following is recommended to help establish a review process for payments, officers assigned to monitor outgoing accepted probationers for the department need to run financials every 60 days, more frequently for probationers who owe victim restitution, and if an offender is in arrears do the following:

- Check ICOTS for address and employment information and attempt to contact the probationer
- Follow local policies and procedures for sending a letter, etc. to make the probationer aware of his court-ordered financial obligations, resend payment balances, monthly amount due, address where to mail the payment, etc.
- In compliance with ACJA, memo the court for all probationers who are 60 days or more in arrears in restitution payments
- Submit a Compact Action Request via ICOTS to the receiving state to request assistance with the offender pursuant to ICAOS Rule 4.108 b.
- If after all attempts to collect monies have failed, memo the local court to ascertain whether a status hearing or revocation hearing is appropriate and consider a discretionary retaking under Rule 5.101

Closed

Pursuant to [A.R.S. §12-253 \(2\) and \(7\)](#), [A.R.S. §13-4415 \(A\)\(1-3\)](#), [A.R.S. §13-4415 \(B\)\(1-5\)](#), [A.R.S. §13-610\(C\), \(D\) and \(G through O\)](#), [A.R.S. §13-902\(C\)](#), [A.R.S. §13-805\(A\)\(1\)\(2\)](#), and [ACJA §6-201.01\(J\)\(5\)\(a\)\(12\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100% -90%)
- ☒ Does Not Meet Standard (requires corrective action: (89% -0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

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The table below list the results of the 30 cases that were reviewed:

Closed Cases	Yes	No	Total	% Compliance	NA
Warrant Check Before Termination	10	0	10	100%	20
Court Ordered Treatment Completed	8	0	8	100%	22
Order of Discharge in file	4	6	10	40%	20
Restitution Owed at Closure	4	0	4	100%	26
Extended for Restitution	0	0	0	NA	30
Other financial terms owed at closure	25	4	29	NA	1
CRO Entered for Outstanding Financial Balances	16	9	25	64%	5
Opted-In Victim Notified of Closure	0	0	0	NA	30
CR hours required by Statute completed by Closure	0	0	0	NA	30
DNA collected	5	4	9	56%	21

Department Response: Prior to the final report, the Department provided the following response: “A Closing File inventory will be developed for staff to use in order to ensure completion of required steps by January 31, 2019. Officers and supervisors will review cases 30 days prior to expiration to ensure the required actions have been completed. Additionally, these steps will be required to have been completed prior to submitting a case for early termination. Files in closed cases will not be purged and scanned until the order of discharge is completed and is in the file.

The department’s financial technician will monitor closed cases to ensure CRO is entered in cases with outstanding financial balances.

By January 31, 2019, staff will receive training on closed case procedures.

As part of their annual performance evaluations, the supervisor of the staff responsible for processing closed cases will review a sample of closed cases to ensure all required steps have been taken. Deficiencies will be addressed as part of the performance evaluation and performance management process.”

Required Corrective Action: Please provide a sample of the Closing File Inventory and confirmation of staff training once completed.

Recommendation: The quality assurance procedure may include the development and utilization of a Closed Case checklist, the use of the Client Ticklers screen in APETS which would assist in providing 90/60/30-day notifications to run warrant checks, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

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TREATMENT SERVICES

SPS Treatment Referrals

Pursuant to [ACJA § 6-201.01\(J\)\(5\)\(b\)](#)

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The case record review (case file/APETS) consisted of 94 SPS case files.

SPS Treatment Referral	
Requirement Met	Referral w/in 60 days
Yes	69
No	2
Total	71
% Compliance	97%
N/A	23

Required Action: None required

Recommendation: Continue to ensure that initial contact with probationers results in minimum code and statute requirement compliance. Adherence to APETS 90/60/30-day notifications will also assist in continued compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

IPS Treatment Referrals

Pursuant to [ACJA § 6-202.01\(L\)\(2\)\(o\)](#).

Findings:

- ☐ Exceeds Standard. Substantially exceeds requirement of standard: (101% and above)
- ☒ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☐ Does Not Meet Standard. Requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

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The case record review (case file/APETS) consisted of 31 IPS case files.

IPS Treatment Referral	
Requirement Met	Referral w/in 60 days
Yes	15
No	0
Total	15
% in Compliance	100%
N/A	16

Required Action: None required.

Recommendation: Continue to ensure that initial contact with probationers results in minimum code and statute requirement compliance. Adherence to APETS 90/60/30-day notifications will also assist in continued compliance. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

Transferred Youth

A transferred youth (TY) is a juvenile who committed an offense and was:

- Transferred to the adult court via a transfer hearing or
- Charged in the adult court (direct filed) while still a juvenile.

There are no ACJA codes or directives regarding TY. However, the AOC and the probation departments are working on developing guidelines for supervision of youthful offenders (based on evidence-based practices) to assist the departments in addressing the needs of this population.

Statutes relating to TY are: [A.R.S. § 8-322](#), [A.R.S. § 8-327](#), [A.R.S. § 13-501](#), [A.R.S. § 13-504](#), [A.R.S. § 13-921](#), [A.R.S. § 13-923](#), [A.R.S. § 13-3821](#), [A.R.S. § 13-3822](#), [A.R.S. § 8-302](#), and [A.R.S. § 13-350.01](#)

ACJA Codes relating to transferred youth on probation: [ACJA § 6-201.01](#), [ACJA § 6-202.01](#) and [ACJA § 6-105.01](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

Documentation in APETS and case files was reviewed for nine transferred youth cases (one IPS and eight SPS cases). The review findings are listed in the table below.

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Summary of Transferred Youth Requirements	Yes	No	Total	% Compliance	NA
OST within 30 days	8	1	9	89%	0
FROST within 180 days	1	2	3	33%	6
Initial case plan within 60 days of sentencing/release from custody/acceptance	4	5	9	44%	0
Risk score agree with supervision level	9	0	9	100%	0
Screened for Title 19 or 21 (AHCCCS)	3	2	5	60%	4

For informational purpose only, not a compliance issue.

Summary	Yes	No	Total	%	NA
Probationer has GED/high school diploma	3	6	9	33%	0
Enrolled in school	1	2	3	33%	6
Enrolled in GED classes	0	3	3	0%	6
Employed	2	7	9	22%	0
Was treatment court ordered	5	4	9	56%	0
Completed treatment	0	3	3	0%	6
Positive reinforcements used	1	0	1	100%	8
Intermediate sanctions used	2	0	2	100%	7
Petition to Revoke (PTR) filed	2	0	2	100%	7
Incarcerated as a result of PTR	2	0	2	100%	7
Is the probationer a sex offender	1	0	1	NA	8
If yes, has an annual court hearing (only for sex offenders) been requested by the probationer	0	0	0	NA	9

Department Response: Prior to the final report, the Department provided the following response: “The department will develop and utilize a new client check list which will be reviewed at the 30/60-day mark by the supervisor to ensure OST/FROST is completed timely on new cases. The supervisors will review the APETS Management “What’s Due” tool monthly to ensure FROST assessments are completed on active cases. These cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly. These random reviews will be conducted utilizing an updated, more extensive, “Quality Assurance Tool” (QA). Officers will enter an APETS case upon completion of OST/FROST, noting the completion date and detailing the risk level and the identified risk factors.

The department will develop and utilize a new client check list which will be reviewed at the 30/60/90-day mark by the supervisor to ensure the case plan is completed timely on new cases. APETS report PRB003-Case Plan and Assessment Status in What’s Due will be utilized to notify officers of pending due dates. Supervisors will review the APETS Management “What’s Due” tool and APETS report PRB003 monthly to ensure follow up case plans are completed as required. Cases will also be subject to random sampling reviews which will be conducted on 20% percent of the assigned officer’s cases and completed quarterly.

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These random reviews will be conducted utilizing an updated, more extensive, "Quality Assurance Tool" (QA). Officers will enter an APETS case note upon completion of case plan, noting the completion date and detailing the case plan strategies. Additionally, one senior officer in each of our three offices will be identified to handle all Transferred Youth cases."

Required Corrective Action: None required.

Recommendation: The quality assurance procedure may include the development and utilization of a New Client checklist, APETS QA Reports, the use of the Client Ticklers screen in APETS which would assist in providing notification to address education and treatment needs, supervisory case file reviews, and code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

SPS Drug Testing & IPS Drug Testing

These areas were not reviewed during this Operational Review.

Drug Treatment and Education Fund (DTEF)

Pursuant to [A.R.S. § 13-901.01](#), [A.R.S. § 13-901.02](#), [ACJA § 6-205\(G\)\(1\)\(c\)](#)

Findings:

- ☐ Exceeds Standard (substantially exceeds requirement of standard: (101% and above)
- ☐ Meets Standard. Substantial compliance with the standard for the relevant review period: (100%-90%)
- ☒ Does Not Meet Standard (requires corrective action: (89%-0%) Improvement is needed in the areas noted below
- ☐ Standard Not Applicable

The Department reported on the Self-Assessment Questionnaire that for fiscal year 2017 DTEF funding was not utilized for 1st or 2nd time offenders.

For purposes of the operational review, 30 cases that were considered DTEF cases pursuant to A.R.S 13-901.01 (A)(F) were reviewed.

DTEF Cases				
13-901.01 (A)	16			
13-901.01 (F)	9			
13-901.01 (D)	5			
DTEF Cases				
	Yes	No	NA	% Compliance
Screened for AHCCCS ¹	12	0	18 ²	100%
Evaluation completed (instrument approved by AOC)	1	0	29	100%
Ability to pay form completed and in file	0	3 ³	27	0%

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Did mandatory A' and F's receive substance abuse treatment and/or education	22	2	6	92%
DTEF funded because person completing evaluation was DTEF funded position (Pinal County)	1	0	29	NA

AHCCCS Results	Eligible	Ineligible	NA	DTEF Funded when AHCCCS Eligible
If yes, "eligible" or "ineligible" or "NA"	12	0	18	0

¹Reference: APSD's Client Services DTEF User Manual Version 2014-01 dated 3/24/2014

²NA if already enrolled, private insurance, or self pay

³Cases that were "self-pay" according to information gathered from APETS.

Department Response: Prior to the final report, the Department provided the following response: "Data clean-up has occurred, and cases marked as non-13-901.01 but receiving DTEF funding have been corrected. In addition, staff have received DTEF instruction document to assist with accurate DTEF data entry. Going forward, the Department will continue to run QA reports related to the DTEF and 13-901.01 cases, as well as conduct training sessions by January 21, 2019, on how to accurately enter 13-901.01 treatment records. Compliance with Client Services/DTEF screen, Initiate Court Data screen, and AHCCCS Tracking screen will be included in supervisory case file reviews."

Required Corrective Action: Please provide confirmation of staff training once completed.

APETS data clean up: Several cases were listed as non-13-901.01 but receiving DTEF funding when in fact DTEF funding was not being utilized for services. Also, case notes reference a treatment provider, but in approximately 40% of the cases, the Clients Services/DTEF screen was blank, which must be filled out for the mandatory 13-901.01 cases.

Recommendation: The quality assurance procedure may include the utilization of DTEF Reports/DTEF Report Card in APETS, appropriate screens, i.e. AHCCCS Tracking screen, Client Services/DTEF screen and Initiate Court Data screen, supervisory case file reviews, code and statute training. APETS case notes and other appropriate screens should be utilized to document completion of all code and statute requirements.

ACKNOWLEDGEMENTS

The Adult Probation Services Division (APSD) of the Administrative Office of the Courts (AOC) appreciated the hospitality, collaboration, and patience of the Pinal County Adult Probation staff during the operational review process.

The Department submitted a thorough and complete Self-Assessment Questionnaire (SAQ), responded to all questions/requests for additional information, was open and responsive throughout the process. Recommendations are provided in any areas where less than 100 percent compliance is achieved. A department response is not required in areas with 90 percent or above compliance; however, feedback is welcomed and appreciated.

The operational review team appreciates the professionalism and cooperation demonstrated by the Department throughout the review process.

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COMPLIANCE SUMMARY COMPARISON		
ADMINISTRATION AND MANAGEMENT		
	2014	2018
Employment		
Verification of Bachelor's Degree for PO	79%	100%
Verification High School Diploma/GED for SO	NA	100%
National and State Criminal History Check Before Hire	80%	100%
Before hire, driving records check through Arizona & Other States of Residence Check	80%	100%
Officer Certification/COJET/Training Requirements		
8 Hours of Officer Safety Training within 30 Days of Appointment	NA	98%
Completion of PO Certification Academy within 1 Year of Hire Date	100%	100%
Certification Requested by CPO within 1 Year of Hire Date	100%	93%
Completion of IPS Academy within 1 Year of Hire Date	100%	100%
Biannual Criminal History & MVD Check		
Criminal History Check Every 2 Years	100%	100%
Annual MVD Check	100%	100%
Pre-sentence Reports on Time	100%	98%
COMMUNITY PROTECTION		
SPS Supervision Contacts		
Minimum Level	100%	100%
Medium Level	100%	92%
Maximum Level	83%	100%
IPS Supervision Contacts		
Contacts with Probationers	82%	74%
Contact with Employers	66%	94%
Sex Offender Contacts	NA	97%
Sex Offender Requirements		
Registration within 10 Days	85%	83%
Verify residence within 30 days (SPS), 72 hours (IPS)	93%	84%
Address/Name Change Notification Change within 72 hours	87%	68%
Yearly Identification	89%	58%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	86%	78%
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	NA	56%
DNA screen completed in APETS	NA	100%
Referred to Treatment	97%	100%

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COMPLIANCE SUMMARY COMPARISON		
ADMINISTRATION AND MANAGEMENT		
	2014	2018
GPS Compliance		
GPS attribute marked in APETS	100%	100%
Probationer activated on initial report w/in 72 hours of sentencing/release from custody	100%	75%
Probationer activated upon first face to face with probation officer after Court Ordered Modification	NA	100%
GPS rules signed by probationer	100%	88%
For documented violations, PO initiate immediate response	NA	100%
Responses entered into APETS within 72 hours	NA	67%
If absconder, PTR with 72 hours	NA	100%
Signed Review/Acknowledgement of Terms of Conditions		
SPS	97%	97%
IPS	100%	100%
DNA Collection		
SPS		
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	NA	88%
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	NA	59%
IPS		
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	NA	50%
If it is not the probationer's 1st felony offense did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	NA	38%
Activity to Locate Before Warrant Issued		
IPS - Warrant Requested within 72 Hours	25%	0%
SPS - Warrant Requested within 3 Months	85%	96%
Residence Checked	60%	86%
Collaterals Checked	82%	54%
Employment Checked	44%	9%
Certified Letter Sent	27%	NA
Activity of Locate After Warrant Issued		
After warrant issued, a criminal history check done	22%	20%
Residence Checked	6%	14%
Employment Checked	13%	11%
Opted-In Victim Notified	75%	NA
Annual Records Check	42%	NA
If warrant after 7/20/2011, CRO Filed within 90 days	39%	0%

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COMPLIANCE SUMMARY COMPARISON

ADMINISTRATION AND MANAGEMENT

	2014	2018
VICTIMS' RIGHTS		
SPS		
Pre-sentence Contact	95%	69%
Notice of Changes Given	67%	100%
IPS		
Pre-sentence Contact	100%	100%
Notice of Changes Given	75%	40%

OFFENDER ACCOUNTABILITY

SPS Financials

Victim Notified if Restitution Two Months in Arrears	25%	100%
Court- Notification if Restitution Two Months in Arrears	29%	75%
Probation Supervision Fees (PSF) Current	NA	NA
Officers Addressed Financial Delinquencies	79 ¹ %	33%

¹(includes PSF and restitution delinquencies)

IPS Financials

Court Notified if Restitution Two Months in Arrears	50%	50%
Victim Notified if Restitution Two Months in Arrears	100%	NA
Restitution Current	33%	50%
Probation Supervision Fees (PSF) Current	NA	NA
Collection of IPS Probationer Wages	NA	0%
Officers Addressed Financial Delinquencies	64%	NA

¹(includes PSF and restitution delinquencies)

SPS CR Hours

Average Completed – 3-month review period	58%	12%
Officers Addressed Delinquent Hours	50%	58%

IPS CR Hours

Average Completed – 3-month review period	44%	40%
Officers Addressed Delinquent Hours	80%	96%

CASE MANAGEMENT

SPS Cases

Residence Verification within 30 days of Sentencing/Release from Custody	75%	72%
Initial Employment Verification	47%	84%
OST Completed within 30 Days	93%	82%
FROST Completed 180 Days	55%	59%
Supervision Level Matches Assessment Scores	93%	78%
Initial Case Plan Completed within 60 Days	81%	84%
Case Plan Completed at 180 Days	52%	44%
PO Strategies for the Probationer and PO	90%	NA
Measurable Strategies for the Probationer and PO	60%	NA
Completed Case Plan for Minimum Supervision Level if Necessary	79%	22%

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COMPLIANCE SUMMARY COMPARISON

ADMINISTRATION AND MANAGEMENT

	2014	2018
OST/FROST Highest Criminogenic Need Addressed in Case Plan	97%	NA
Case Plan Signatures	NA	80%
Low Risk Annual Review	NA	63%
IPS Cases		
Photo in File	100%	97%
Verification of Employment within 10 Days	50%	77%
Unemployed & 6 days/week Job Search & CR	27%	20%
Verification of Residence within 72 Hours	83%	100%
Collection of Weekly Schedules	86%	95%
Initial Assessment (OST) within 30 Days or at PSI	100%	100%
Reassessment (FROST) Every 180 Days	78%	93%
Initial Case Plan	85%	60%
Case Plan Every 180 Days	65%	83%
PO Strategies for the Probationer and PO	80%	NA
Measurable Strategies for the Probationer and PO	47%	NA
Case Plan Signatures	76%	97%
Incoming ISC Cases		
Were the Arizona Conditions Signed	100%	100%
Is VCAF on Arizona Terms & Conditions	47%	90%
DNA Collected Within 30 Days	88%	43%
OST Within 30 Days of Arrival or Acceptance	65%	67%
Initial Case Plan Within 60 days of Arrival or Acceptance	67%	52%
Annual Progress Reports Completed	100%	NA
Sending State's Terms & Conditions in File	100%	100%
Interstate Tracking Screen Completed in APETS	100%	97%
ISC Status Accurate in APETS (Accepted, Closed, etc.)	100%	63%
Are VCAF Collections Current	83%	44%
If VCAF Collections Are Not Current, Has PO Addressed	100%	NA
Outgoing ISC Cases		
ISC Status Accurate (Accepted, Closed, etc.)	100%	93%
Did probationer leave with valid reporting instructions	100%	97%
Did the PO respond to violation reports within 10 business days	75%	100%
Was DNA sample secured from the probationer and transmitted to DPS within 30 days of being placed on probation or acceptance of incoming	96%	84%
If it is not the probationer's 1st felony offense or if DNA was previously secured by another agency did the officer verify DNA was in the DPS databank within 30 days of being placed on probation or acceptance of incoming	NA	44%
DNA screen completed in APETS	NA	90%
Closed Cases		
Warrant Check Before Termination	61%	100%
DNA collected/verified	94%	56%
Court Ordered Treatment Completed	82%	100%

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COMPLIANCE SUMMARY COMPARISON

ADMINISTRATION AND MANAGEMENT

	2014	2018
CR Hours Required by Statute Completed by Closure	71%	NA
Opted-In Victim Notified of Closure	64%	NA
If Restitution Owed at Closure, Extended for Restitution	NA	NA
Other Financial Terms Owed at Closure	NA	86%
CRO Entered for Outstanding Financial Balances	81%	64%

TREATMENT SERVICES

SPS Cases

Treatment Referral within 60 Days	NA	97%
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IPS Cases

Treatment Referral within 60 Days	NA	100%
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Transferred Youth Cases

OST within 30 days	100%	89%
FROST within 180 days	60%	33%

Initial case plan within 60 days of sentencing/release from custody/acceptance	47%	44%
Risk score agree with supervision level	94%	100%
IPS Level change based on compliance	100%	NA
Attended treatment	83%	NA
Completed treatment	36%	0%
Screened for Title 19 or 21 (AHCCCS)	100%	60%

SPS Drug Testing

Frequency Described in Case Plan	63%	NA
Drug Tested as Described in Case Plan	100%	NA

IPS Drug Testing

Frequency Described in Case Plan	86%	NA
Drug Tested as Described in Case Plan	100%	NA

DTEF Funded Cases

Screened for AHCCCS	100%	100%
Client Services Screen in APETS Completed	100%	NA
Evaluation Completed (Instrument Approved by AOC)	NA	100%
Ability to Pay Form Completed and in File	25%	0%
Did mandatory A' and F's receive a referral for treatment/education	67%	92%